

ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

Medical Mutual Insurance Company of Maine

		-	_
NAIC Group Code	4775, 4775	NAIC Company Code 36277	Employer's ID Number 01-0355669
(Current	Period) (Prior Period)		• •

State of Domicile or Port of Entry ME Organized under the Laws of ME Country of Domicile US

Incorporated/Organized..... March 20, 1978 Commenced Business..... September 1, 1978

One City Center .. Portland .. ME .. US .. 04101-4009 Statutory Home Office (Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One City Center .. Portland .. ME .. US .. 04101-4009 207-775-2791

(Street and Number) (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code)

Mail Address P.O. Box 15275 .. Portland .. ME .. US .. 04112-5275

(Street and Number)

(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

207-775-2791 Primary Location of Books and Records One City Center .. Portland .. ME .. US .. 04101-4009 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.medicalmutual.com

Barbara T. Sinclair 207-775-2791 Statutory Statement Contact

(Area Code) (Telephone Number) (Extension)

207-523-8380 bsinclair@medicalmutual.com (E-Mail Address) (Fax Number)

OFFICERS

Title Title

2. O. Robert Stevens M.D. 1. Frank W. Lavoie M.D. President Treasurer 3. William L. Medd M.D. 4. Cynthia A. DeSoi M.D. Chairman Secretary

OTHER

William F. D'Angelo M.D. Vice Chairman Barbara T. Sinclair VP/CFO John P. Doyle VP Marketing/Administration Stephen D. Hodgkin VP/CIO David L. Johnson VP Underwriting Mary Elizabeth Knox **VP Claims**

DIRECTORS OR TRUSTEES

William F. D'Angelo M.D. Cynthia A. DeSoi M.D. Matthew C. Dugan D.O. Rebekah J. Gass M.D. Sean T. Hanley M.D. Wendy J. Merchant Adam W. Kunin M.D. Frank W. Lavoie M.D. David B. McDermott M.D. William L. Medd M.D. Jeremy R. Morton M.D. Robert D. Sansonetti M.D. Lois N. Skillings O. Robert Stevens M.D. James M. Totten

MAINE State of... County of.....

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Frank W. Lavoie M.D.	 O. Ro	(Signature) O. Robert Stevens M.D.			
 (Printed Name) President 	2.	(Printed Name) Treasurer			
(Title)		(Title)		(Title)	
Subscribed and sworn to before me		a. Is this an	original filing?	Yes [X]	No []
This day of	2020	b. If no	 State the amendment number Date filed Number of pages attached 		

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine ASSETS

			Current Year		Prior Year
		1	2 Nonadmitted	3 Net Admitted Assets	Net
1	Panda (Cahadula D)	Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds (Schedule D)	227,614,083		227,614,083	231,629,582
2.	Stocks (Schedule D):			0	
	2.1 Preferred stocks.2.2 Common stocks.				
,				55,600,594	43,238,380
3.	Mortgage loans on real estate (Schedule B):			0	
	3.1 First liens				
,	3.2 Other than first liens			0	
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0 encumbrances)			0	
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)			0	
5.	Cash (\$13,066,493, Schedule E-Part 1), cash equivalents (\$16,027,311, Schedule E-Part 2) and short-term investments (\$4,286,957, Schedule DA)				
6.	Contract loans (including \$0 premium notes)			0	
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)	1,000	1,000	0	50,000
9.	Receivables for securities	481		481	7,778
10.	Securities lending reinvested collateral assets (Schedule DL)			0	
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	316,596,919	1,000	316,595,919	289,967,991
13.	Title plants less \$0 charged off (for Title insurers only)			0	
14.	Investment income due and accrued	1,745,132		1,745,132	1,781,254
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	121,845	386	121,459	202,619
	15.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$0 earned but unbilled premiums)				16,149,603
	redetermination (\$0)			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	·		·	
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1					
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0)				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	9,250		9,250	16,816
24.	Health care (\$0) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets	1,339,402	377,460	961,942	1,280,261
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	341,837,849	645,834	341,192,015	309,676,450
27.	, , ,				
28.	TOTAL (Lines 26 and 27)	341,837,849	645,834	341,192,015	309,676,450
Ī.		S OF WRITE-INS	T	1	
)				
	8. Summary of remaining write-ins for Line 11 from overflow page				
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
	I. OTHER RECEIVABLES				
2502	2. RMA ESCROW ACCOUNT	576,012		576,012	612,165
. /h/1)			0	
	Summary of remaining write-ins for Line 25 from overflow page	ا ۸	^	ا م	٨

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	65,362,028	69,882,303
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)	25,299,383	25,466,537
4.	Commissions payable, contingent commissions and other similar charges	75,633	54,328
5.	Other expenses (excluding taxes, licenses and fees)	1,454,970	1,030,523
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	323,465	106,560
7.1	Current federal and foreign income taxes (including \$8,213 on realized capital gains (losses))	2,649,285	999,405
7.2	Net deferred tax liability	3,124,655	1,132,727
8.	Borrowed money \$0 and interest thereon \$0.		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$7,966,327 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	23,911,762	18,213,971
10.	Advance premium	165,980	222,060
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14.	Amounts withheld or retained by company for account of others	576,354	612,510
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified) (Schedule F, Part 3, Column 78)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$0 and interest thereon \$0		
25.	Aggregate write-ins for liabilities	4,678,289	4,275,628
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	139,166,016	129,296,716
27.	Protected cell liabilities.		
28.	Total liabilities (Lines 26 and 27)	139,166,016	129,296,716
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other-than-special surplus funds	0	0
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	202,025,999	180,379,734
36.	Less treasury stock, at cost:		
	36.10.000 shares common (value included in Line 30 \$0)		
	36.20.000 shares preferred (value included in Line 31 \$0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	202,025,999	180,379,734
38.	TOTAL (Page 2, Line 28, Col. 3)	341,192,015	309,676,450
	DETAILS OF WRITE-INS		
	OTHER PAYABLES	, ,	, ,
	Summary of remaining write-ins for Line 25 from overflow page		
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)		4,275,628
	Summary of remaining write-ins for Line 29 from overflow page		
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.			
3202.			
	Summary of remaining write-ins for Line 32 from overflow page		
3299.	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)]0	0

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine STATEMENT OF INCOME

	STATEMENT OF INCOME		^
	UNDERWRITING INCOME	1 Current Year	2 Prior Year
1.	Premiums earned (Part 1, Line 35, Column 4)		35,743,714
	DEDUCTIONS:	, ,	, ,
2.	Losses incurred (Part 2, Line 35, Column 7)		21,244,280
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		4,516,282
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		9,807,052
5.	Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)		
7. 8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
0.	INVESTMENT INCOME	11,540,145	170,100
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	8,462,319	8,020,763
10.	Net realized capital gains (losses) less capital gains tax of \$10,111 (Exhibit of Capital Gains (Losses))		
11.	Net investment gain (loss) (Lines 9 + 10)	9,647,626	9,686,273
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$0		
12	amount charged off \$0)		27,060
13. 14.	Aggregate write-ins for miscellaneous income		10,623
	Total other income (Lines 12 through 14)		37,683
	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign		
	income taxes (Lines 8 + 11 + 15)	21,016,250	9,900,056
	Dividends to policyholders	4,997,906	1,495,857
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign	40 040 244	0.404.400
19.	income taxes (Line 16 minus Line 17)		8,404,199
	Net income (Line 18 minus Line 19) (to Line 22)		
20.	CAPITAL AND SURPLUS ACCOUNT	12,731,430	7,430,070
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	180 379 734	178 308 965
	Net income (from Line 20)		
	Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$0.	10,864,153	(7,027,747)
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax		
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3)	, , ,	•
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
	Change in surplus notes Surplus (contributed to) withdrawn from Protected Cells		
	Cumulative effect of changes in accounting principles		
	Capital changes:		
OL.	32.1 Paid in		
	32.3 Transferred to surplus		
33.	Surplus adjustments:		
	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
0.4	33.3. Transferred from capital		
	Net remittances from or (to) Home Office		
35. 36.	Dividends to stockholders		
37.	Aggregate write-ins for gains and losses in surplus		(149 447)
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)		
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)		
	DETAILS OF WRITE-INS	<u> </u>	
	Summary of romaining write inc for Line 5 from everflow page		
	Summary of remaining write-ins for Line 5 from overflow page		
		2.946	
1403.			
	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
	NON VESTED PENSION BENEFITS	,	(149,447)
	Summary of remaining write-ins for Line 37 from overflow page		
	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine CASH FLOW

		1 Current Year	2 Prior Year
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	36,845,396	32,894,79
2.	Net investment income	8,798,754	8,126,07
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	45,672,631	41,058,55
5.	Benefit and loss related payments		14,147,64
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	16,735,218	18,935,57
8.	Dividends paid to policyholders	1,795,755	1,708,24
9.	Federal and foreign income taxes paid (recovered) net of \$458,026 tax on capital gains (losses)		2,328,92
10.	Total (Lines 5 through 9)	31,273,647	37,120,39
11.	Net cash from operations (Line 4 minus Line 10)	14,398,984	3,938,16
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	74,805,107	44,009,52
	12.2 Stocks	4,288,127	7,348,03
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets	19,628	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		(9
	12.7 Miscellaneous proceeds	34,362	16,74
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	79,147,951	51,373,30
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	70,708,522	63,270,70
	13.2 Stocks	4,947,543	3,652,63
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		50,00
	13.6 Miscellaneous applications		6,7
	13.7 Total investments acquired (Lines 13.1 to 13.6)	75,656,065	66,980,18
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)	3,491,887 .	(15,606,82
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		362,4
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	447,645	362,4
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(11.306.2
19.	Cash, cash equivalents and short-term investments:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(11,223,21
	19.1 Beginning of year	15.042.245	26.348 4
	19.2 End of year (Line 18 plus Line 19.1)		
	TOLE LINE OF JOSE (LINE TO PILO LINE 10-1).		10,042,25

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PART 1 - PREMIUMS EARNED

Т	I AIXI I	- PREIVIIUIVIO EARI	1 1	2	4
		1 Net Premiums Written per	Unearned Premiums December 31 Prior Year- per Col. 3,	Unearned Premiums December 31 Current Year- per Col. 5,	4 Premiums Earned During Year
	Line of Business	Column 6, Part 1B	Last Year's Part 1	Part 1A	(Cols. 1 + 2 - 3)
1.	Fire			0	0
2.	Allied lines	0		0	0
3.	Farmowners multiple peril	0		0	0
4.	Homeowners multiple peril	0		0	0
5.	Commercial multiple peril	0		0	0
6.	Mortgage guaranty	0		0	0
8.	Ocean marine	0		0	0
9.	Inland marine	0		0	0
10.	Financial guaranty	0		0	0
11.1	Medical professional liability - occurrence	1,472,075	1,009,251	906,690	1,574,636
11.2	Medical professional liability - claims-made	37,922,680	16,930,645	22,546,379	32,306,946
12.	Earthquake	0		0	0
13.	Group accident and health			0	0
14.	Credit accident and health (group and individual)				
15.	Other accident and health				
16.	Workers' compensation				
17.1	Other liability - occurrence				
17.2	Other liability - claims-made				
17.3	Excess workers' compensation			0	
18.1	Products liability - occurrence				
18.2	Products liability - claims-made				
19.1, 19.2	Private passenger auto liability	0		0	0
19.3, 19.4	Commercial auto liability	0		0	0
21.	Auto physical damage	0		0	0
22.	Aircraft (all perils)	0		0	0
23.	Fidelity	0		0	0
24.	Surety	0		0	0
26.	Burglary and theft	0		0	0
27.	Boiler and machinery	0		0	0
28.	Credit	0		0	0
29.	International	0		0	0
30.	Warranty	0		0	0
31.	Reinsurance - nonproportional assumed property			0	0
32.	Reinsurance - nonproportional assumed liability			0	n
33.	Reinsurance - nonproportional assumed financial lines			0	0
34.	Aggregate write-ins for other lines of business			0	
35.	TOTALS			23,911,762	
აა.		ETAILS OF WRITE-INS	10,213,971		34,400,960
3401.				0	n
3402.		0		0	
3403.				0	
	Common of complaint units in faul in 24 from conflourness				
3498.	Summary of remaining write-ins for Line 34 from overflow page		0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)]0	0	0	0

PART 1A - RECAPITULATION OF ALL PREMIUMS

	PARI 1A	- RECAPITULATI	ON OF ALL PRE	VIIU VIS 3	Ι 4	5
	Line of Business	Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearned (Running More Than One Year from Date of Policy) (a)	S Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire					0
2.	Allied lines					0
3.	Farmowners multiple peril					0
4.	Homeowners multiple peril					0
5.	Commercial multiple peril					0
6.	Mortgage guaranty					0
8.	Ocean marine					0
9.	Inland marine					
10.	Financial quaranty					0
11.1	Medical professional liability - occurrence					
11.1	Medical professional liability - occurrence					,
						, ,
12.	Earthquake					
13.	Group accident and health					0
14.	Credit accident and health (group and individual)					0
15.	Other accident and health					0
16.	Workers' compensation					0
17.1	Other liability - occurrence					510,280
17.2	Other liability - claims-made	(51,587)				(51,587)
17.3	Excess workers' compensation					0
18.1	Products liability - occurrence					0
18.2	Products liability - claims-made					0
19.1, 19.2	Private passenger auto liability					0
19.3, 19.4	Commercial auto liability					0
21.	Auto physical damage					0
22.	Aircraft (all perils)					0
23.	Fidelity					0
24.	Surety					0
26.	Burglary and theft					0
27.	Boiler and machinery					0
28.	Credit					0
29.	International					0
30.	Warranty					
31.	Reinsurance - nonproportional assumed property					
32.	Reinsurance - nonproportional assumed property					
33.	Reinsurance - nonproportional assumed financial lines					
				^		0
34.	Aggregate write-ins for other lines of business					22 011 762
35.	TOTALS					23,911,762
36.	Accrued retrospective premiums based on experience					
37.	Earned but unbilled premiums					0
38.	Balance (sum of Lines 35 through 37)				<u></u>	23,911,762
		DETAILS OF V	VRITE-INS			
3401.						0
3402.						0
3403.						0
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0

⁽a) State here basis of computation used in each case: Column 1 basis: Daily pro rata; Column 2 basis: Extended reporting endorsements - Actuarilly determined

PART 1B - PREMIUMS WRITTEN

	P/	<u> ART 1B - PREI</u>					
		1 Direct	Reinsurand 2	e Assumed 3	Reinsurar 4	nce Ceded 5	6 Net Premiums Written
		Business	From	From	To	To	(Cols. 1 + 2 + 3
	Line of Business	(a)	Affiliates	Non-Affiliates	Affiliates	Non-Affiliates	- 4 - 5)
1.	Fire						0
2.	Allied lines						0
3.	Farmowners multiple peril						0
4.	Homeowners multiple peril						0
5.	Commercial multiple peril						0
6.	Mortgage guaranty						0
8.	Ocean marine						0
9.	Inland marine						0
10.	Financial guaranty						0
11.1	Medical professional liability - occurrence	1,699,545				227,470	1,472,075
11.2	Medical professional liability - claims-made	51,098,765				13,176,085	37,922,680
12.	Earthquake						0
13.	Group accident and health						0
14.	Credit accident and health (group and individual)						0
15.	Other accident and health						0
16.	Workers' compensation						0
17.1	Other liability - occurrence	949,183				131,690	817,493
17.2	Other liability - claims-made						(113,477)
17.3	Excess workers' compensation						0
18.1	Products liability - occurrence						0
18.2	Products liability - claims-made						0
	Private passenger auto liability						0
	Commercial auto liability						0
21.	Auto physical damage						0
22.	Aircraft (all perils)						
23.	Fidelity						0
24.	Surety						0
26.	Burglary and theft						0
27.	Boiler and machinery						0
28.	Credit						0
29.	International						0
30.	Warranty						0
31.	Reinsurance - nonproportional assumed property						0
32.	Reinsurance - nonproportional assumed liability	XXX					0
33.	Reinsurance - nonproportional assumed financial lines	XXX					0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
35.	TOTALS	53,757,493	0	0	0	13,658,722	40,098,771
		DETAILS O	F WRITE-INS				
3401.							0
3402.							0
3403.							0
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
1							

⁽a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes $[\]$ No $[\ X\]$

3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)....

If yes: 1. The amount of such installment premiums \$......0.

^{2.} Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$..........0.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

			U ara Calvarra				7	0
	4	Losses Paid	I Less Salvage	A	5	6	1	8 Decembers of
	Direct	Reinsurance	Reinsurance	Net Payments	Net Losses Unpaid Current Year	Net Losses _Unpaid	Losses Incurred Current Year	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned
	Line of Business Business	Assumed	Recovered	(Cols. 1 + 2 - 3)	(Part 2A, Col. 8)	Prior Year	(Cols. 4 + 5 - 6)	(Col. 4, Part 1)
1.	Fire		· ·	0	0		0	0.0
2.	Allied lines			0	0		0	0.0
3.	Farmowners multiple peril			0	0		0	0.0
4.	Homeowners multiple peril			0	0		0	0.0
5.	Commercial multiple peril			0	0		0	0.0
6.	Mortgage guaranty			0	0		0	0.0
8.	Ocean marine			0	0		0	0.0
9.	Inland marine			0	0		0	0.0
10.	Financial guaranty			0	0		0	0.0
11.1	Medical professional liability - occurrence			190,000	4,246,750	4,563,320	(126,570)	(8.0)
11.2	Medical professional liability - claims-made		2,545,000	10,233,910		64,795,825	4,718,003	14.6
12.	Earthquake			0			0	0.0
13.	Group accident and health			0	0		0	0.0
14.	Credit accident and health (group and individual)			0	0		0	0.0
15.	Other accident and health.			0	0		0	0.0
16.	Workers' compensation.			0	0			0.0
17.1	Other liability - occurrence			376,558	1,835,359	523,158	1,688,759	242.6
17.1					1,030,339	523,130	1,000,739	242.0
				1	0	•••••		
17.3	Excess workers' compensation			0	0		0	0.0
18.1	Products liability - occurrence			0	0		0	0.0
10.2	Products liability - claims-made			0	0		0	0.0
	Private passenger auto liability			0	0		0	0.0
	Commercial auto liability			0	0		0	0.0
21.	Auto physical damage.			0	0		0	0.0
22.	Aircraft (all perils)			0	0		0	0.0
23.	Fidelity			0	0		0	0.0
24.	Surety			0	0		0	0.0
26.	Burglary and theft			0	0		0	0.0
27.	Boiler and machinery		.	0	0		0	0.0
28.	Credit			0	0		0	0.0
29.	International			0	0		0	0.0
30.	Warranty			0	0		0	0.0
31.	Reinsurance - nonproportional assumed propertyXXXXXX			0	n		0	0.0
32.	Reinsurance - nonproportional assumed liabilityXXX			n	n		n	0.0
33.	Reinsurance - nonproportional assumed financial lines			n	n		n	0.0
34.	Aggregate write-ins for other lines of business	n	n	n	n	Λ	۰	0.0
35.	TOTALS	Λ	2,602,321	10,800,468	65,362,027	69,882,303	6,280,192	18.3
JJ.	101/ALO	<u> </u> u	DETAILS OF WRITE-INS	10,000,400		03,002,303	0,200,132	10.3
3401.			DETAILS OF MKITE-INS	1	n		^	0.0
3401.					0		۰	0.0
					0		U	0.0
3403.				1	0		0	
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	10	0	0	0	XXX
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	J0	10	10	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Reproduct Courter Co	
Nel Losse Excluding Facinisariance Debut Reinsurance Pacific Processes Pacif	9
2 Allied lines	Net Unpaid Loss Adjustment Expenses
Semonters multiple peril	
Homeowners multiple peril. 0 0 0 0 0 0 0 0 0	
5 Commercial multiple peril. 0 0 0 0 0 0 0 0 0	
6 Nortgage guaranty.	
Society Commercial guaranty Commercial	
Near marine	
10 Financial guaranty	
11.1 Medical professional liability - cocurrence	
112 Medical professional liability - claims-made 44,131,194 16,326,153 27,805,041 51,032,855 19,557,978 59,279,918 12,557,978 59,279,918 12,557,978 59,279,918 12,557,978 12,579,918 12	
12	1,948,448
13. Group accident and health (group and individual)	21,096,924
14	
15. Other accident and health.	
15. Other accident and health.	
17.1 Other liability - occurrence	
17.2 Other liability - claims-made. 0 23,708 23,708 0 17.3 Excess workers' compensation 0 0 0 18.1 Products liability - occurrence. 0 0 18.2 Products liability - claims-made 0 0 0 19.3 19.4 Commercial auto liability. 0 0 0 19.3 19.4 Commercial auto liability. 0 0 0 21 Auto physical damage. 0 0 0 22 Aircraft (all perils). 0 0 0 23 Fidelity. 0 0 0 24 Surety. 0 0 0 25 Burglary and theft. 0 0 0 27 Boiler and machinery. 0 0 0 28 Credit. 0 0 0 29 International. 0 0 30 Warranty. 0 0 0 30 Warranty. 0 0 0 30 Warranty. 0 0 30 Warranty. 0 0 30 Warranty. 0 0 31 Autophysical damage. 0 0 32 Credit. 0 0 0 33 Credit. 0 0 0 34 Credit. 0 0 0 35 Credit. 0 0 0 36 Warranty. 0 0 37 Credit. 0 0 0 38 Credit. 0 0 0 39 Warranty. 0 0 0 30 Warranty. 0 0 0 31 Credit. 0 0 0 31 Credit. 0 0 0 32 Credit. 0 0 0 34 Credit. 0 0 0 35 Credit. 0 0 0 36 Credit. 0 0 0 37 Credit. 0 0 38 Credit. 0 0 0 39 Credit. 0 0 30 Warranty. 0 0 0 30 Warranty. 0 0	
17.3 Excess workers' compensation	1,384,104
18.1 Products liability - occurrence. 0 0 0 0 18.2 Products liability - occurrence. 0 0 0 0 19.1 19.2 Private passenger auto liability 0 0 0 0 19.3 19.4 Commercial auto liability 0 0 0 0 21. Auto physical damage. 0 0 0 0 22. Aircraft (all perils). 0 0 0 0 23. Fidelity. 0 0 0 0 24. Surety. 0 0 0 0 26. Burglary and theft. 0 0 0 0 27. Boiler and machinery. 0 0 0 0 28. Credit 0 0 0 0 29. International 0 0 0 0 30. Warranty. 0 0 0 0 30. Warranty. 0 0 0 0 30. Warranty. 0 0 0 0 31. Torouts liability - occurrence. 0 0 0 31. Torouts liability - occurrence. 0 0 0 31. Torouts liability - occurrence. 0 0 0 32. Torouts liability - occurrence. 0 0 0 33. Torouts liability - occurrence. 0 0 0 34. Torouts liability - occurrence. 0 0 0 35. Torouts liability - occurrence. 0 0 0 36. Torouts liability - occurrence. 0 0 0 37. Torouts liability - occurrence. 0 0 0 38. Torouts liability - occurrence. 0 0 0 39. Torouts liability - occurrence. 0 0 0 30. Warranty. 0 0 0 0 30. Warranty. 0 0 0 0 30. Warranty. 0 0 0 0 31. Torouts liability - occurrence. 0 0 0 30. Warranty. 0 0 0 0 31. Torouts liability - occurrence. 0 0 0 30. Warranty. 0 0 0 0 31. Torouts liability - occurrence. 0 0 0 32. Torouts liability - occurrence. 0 0 0 33. Torouts liability - occurrence. 0 0 0 34. Torouts liability - occurrence. 0 0 0 35. Torouts liability - occurrence. 0 0 0 36. Torouts liability - occurrence. 0 0 0 37. Torouts liability - occurrence. 0 0 0 38. Torouts liability - occurrence. 0 0 0 39. Torouts liability - occurrence. 0	869,907
18.1 Products liability - occurrence.	
19.1, 19.2 Private passenger auto liability	
19.3, 19.4 Commercial auto liability.	
21. Auto physical damage 0 0 22. Aircraft (all perils) 0 0 23. Fidelity 0 0 24. Surety 0 0 26. Burglary and theft 0 0 27. Boiler and machinery 0 0 28. Credit 0 0 29. International 0 0 30. Warranty 0 0	
22. Aircraft (all perils) 0 0 23. Fidelity 0 0 24. Surety 0 0 26. Burglary and theft 0 0 27. Boiler and machinery 0 0 28. Credit 0 0 29. International 0 0 30. Warranty 0 0	
23. Fidelity 0 0 24. Surety 0 0 26. Burglary and theft 0 0 27. Boiler and machinery 0 0 28. Credit 0 0 29. International 0 0 30. Warranty 0 0	
24. Surety	
26. Burglary and theft. 0 0 27. Boiler and machinery. 0 0 28. Credit. 0 0 29. International. 0 0 30. Warranty 0 0	
27. Boiler and machinery 0 0 28. Credit 0 0 29. International 0 0 30. Warranty 0 0	
28. Credit. 0 29. International. 0 30. Warranty. 0	
29. International	
30. Warranty	
32. Reinsurance - nonproportional assumed liability	
33. Reinsurance - nonproportional assumed financial lines	
34. Aggregate write-ins for other lines of business	0
35. TOTALS	25,299,383
DETAILS OF WRITE-INS	-,,
3401.	
3402	
3403.	
3498. Summary of remaining write-ins for Line 34 from overflow page	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0

(a) Including \$......0 for present value of life indemnity claims.

PART 3 - EXPENSES

1.3 Reinsurance ceded	0	
1. Claim adjustment services: 5,709,275 1.1 Direct	0	
1.1 Direct	0	
1.2 Reinsurance assumed	0	
1.3 Reinsurance ceded	0	893,390
<u> </u>	0	,
		4,815,885
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)		
2. Commission and brokerage:		
2.1 Direct, excluding contingent		2,002,577
2.2 Reinsurance assumed, excluding contingent		0
2.3 Reinsurance ceded, excluding contingent		2,164,730
2.4 Contingent - direct		C
2.5 Contingent - reinsurance assumed		0
2.6 Contingent - reinsurance ceded		0
2.7 Policy and membership fees		0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	(162,153
3. Allowances to manager and agents		C
4. Advertising		12,748
5. Boards, bureaus and associations		171,024
6. Surveys and underwriting reports		18,622
7. Audit of assureds' records		
8. Salary and related items:		
8.1 Salaries	84,057	6,047,257
	4,934	
	21,464	
	4,088	1
	7,803	1
	2.970	1
	4,811	1
	929	
15. Cost or depreciation of EDP equipment and software		
16. Printing and stationery		
17. Postage, telephone and telegraph, exchange and express		
	541,134	
	004,400	10,990,403
, and the second		
20.1 State and local insurance taxes deducting guaranty association credits of \$0		1 048 645
20.2 Insurance department licenses and fees		1
20.3 Gross guaranty association assessments		
20.4 All other (excluding lederal and foreign income and real estate)		1
21. Real estate expenses.		
22. Real estate taxes		
23. Reimbursements by uninsured plans		
24. Aggregate write-ins for miscellaneous expenses		
25. Total expenses incurred	,	, ,
26. Less unpaid expenses - current year		
27. Add unpaid expenses - prior year		
28. Amounts receivable relating to uninsured plans, prior year		
29. Amounts receivable relating to uninsured plans, current year		
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	680,579	16,996,303
DETAILS OF WRITE-INS		
401. Miscellaneous Expenses	8,500	706,255

2401.	Miscellaneous Expenses	46,691	651,064	8,500	706,255
2402.					0
2403.					0
2498.	Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499.	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	46,691	651,064	8,500	706,255

⁽a) Includes management fees of \$......0 to affiliates and \$......0 to non-affiliates.

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine **EXHIBIT OF NET INVESTMENT INCOME**

			1		2
			Collected		Earned
			During Year		During Year
1.	U.S. government bonds	(a)	1,464,598		1,336,297
1.1	Bonds exempt from U.S. tax	` '	2,674,838		2,563,189
	Other bonds (unaffiliated)	` '	3,760,420		3.976.095
1.3	Bonds of affiliates.				
2.1	Preferred stocks (unaffiliated)	` '			
	Preferred stocks of affiliates.				
	Common stocks (unaffiliated)	` '	968,100		956.254
	Common stocks of affiliates	I			, -
3.	Mortgage loans				
4.	Real estate	` '			
5.	Contract loans	٠,			
6.	Cash, cash equivalents and short-term investments				323,452
7.	Derivative instruments.	` '			,
8.	Other invested assets	` '			
9.	Aggregate write-ins for investment income				0
10.	Total gross investment income				9,155,287
11.	Investment expenses.				692,968
12.	Investment taxes, licenses and fees, excluding federal income taxes.			(0)	
13.	Interest expense			(0)	
14.	Depreciation on real estate and other invested assets				0
	Aggregate write-ins for deductions from investment income			()	
16.	Total deductions (Lines 11 through 15)				
17.	Net investment income (Line 10 minus Line 16)				8,462,319
	DETAILS OF WRITE-INS				, 102,010
0901	2=11.0=2 \$1 11.00				
	Summary of remaining write-ins for Line 9 from overflow page				0
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)				0
	Summary of remaining write-ins for Line 15 from overflow page				0
	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)				
(a)	Includes \$478,095 accrual of discount less \$766,019 amortization of premium and less \$194,193 paid for acc			1	
(b)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued divide		•		
(c)	Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interes				
(d)	Includes \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encumbrances.	o. o pa. o.			
(e)	Includes \$294,967 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued int	erest on n	urchases.		
(f)	Includes \$0 accrual of discount less \$0 amortization of premium.				
(g)	Includes \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding federal income ta	xes, attrib	utable to segregated and S	eparate A	counts.
(h)	Includes \$0 interest on surplus notes and \$0 interest on capital notes.	,			· · · · - · · ·
(i)	Includes \$0 depreciation on real estate and \$0 depreciation on other invested assets.				

EXHIBIT OF CAPITAL GAINS (LOSSES)

	ΕΛΠΙΟΙ	I OF CAPIT		_033L3 <i>)</i>					
		1 Realized	2	3	4	5 Change in			
		Gain (Loss)	Other	Total Realized	Change in	Unrealized			
		on Sales	Realized	Capital Gain (Loss)	Unrealized	Foreign Exchange			
		or Maturity	Adjustments	(Columns 1 + 2)	Capital Gain (Loss)	Capital Gain (Loss)			
1.	U.S. government bonds	168,675		168,675					
1.1	Bonds exempt from U.S. tax	(6,207)		(6,207)					
1.2	Other bonds (unaffiliated)	206,542		206,542					
1.3	Bonds of affiliates			0					
2.1	Preferred stocks (unaffiliated)			0					
2.11	Preferred stocks of affiliates			0					
2.2	Common stocks (unaffiliated)	838,639	10,178	848,817	10,864,153				
2.21	Common stocks of affiliates			0					
3.	Mortgage loans			0					
4.	Real estate			0					
5.	Contract loans			0					
6.	Cash, cash equivalents and short-term investments	727		727					
7.	Derivative instruments								
8.	Other invested assets	(30,372)	7,236	(23,136)					
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0			
10.	Total capital gains (losses)	1,178,004	17,414	1,195,418	10,864,153	0			
DETAILS OF WRITE-INS									
0901				0					
0902				0					
0903				0					
0998	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0			
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)			0	0	0			

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine **EXHIBIT OF NONADMITTED ASSETS**

1. Broth Schredule D; 2.1 Preferred stocks. 2.2 Common above. 3.3 First Bens. 3.1 First Bens. 3.2 Other than first Ieros. 4. Real estate (Schredule B); 3.1 First Bens. 4. Properties occuped by the company. 4.1 Properties occuped by the company. 4.2 Properties had for sale. 4.2 Properties had for sale. 5. Cask (Schredule E-Part 1), cash equivalents (Schredule E-Part 2) and another minimateries (Schredule DA). 6. Combat Lores. 7. Derivatives (Schredule DB). 8. Other mexed seasts (Schredule DB). 9. Receivables for searchies. 10. Scarlies tending minimateries (Schredule DD). 11. Agraptive who is for investigation of the company of t			1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2.1 Preferred stocks.		,			0
2 Common stocks. 3 Norgape lares on real estate (Schedule B): 31 First less. 32 Other than first less. 4 Real estate (Schedule A): 4 Real estate (Schedule A): 4 Properties occupied by the company 4 Properties occupied by the company 4 Properties obtained the production of incorre. 4 Properties hald for the production of incorre. 4 Properties hald for the production of incorre. 5 Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 7) and short-term investments (Schedule DA). 5 Contract class. 7 Destantives (Schedule BB). 9 Receivables for securities. 9 Receivables for securities. 9 Receivables for securities. 9 Receivables for securities. 9 Securities invested assests (Schedule BA). 1,000 1,0	2.				
Mortgage leans on real estate (Schedule B): 3.1 First leine. 4. Real estate (Schedule A): 4.1 Proporties occupied by the company. 4.2 Proporties for for production of income. 4.3 Proporties for for the production of income. 4.5 Cash (Schedule E-Pert 1), cash equivalents (Schedule E-Pert 2) and short-bern incompanies (Schedule EA). 5. Cash (Schedule Schedule BA). 6. Contract loss. 7. Devisitories (Schedule BA). 8. Other invested assets (Schedule BA). 9. Receivables for securines. 9. Receivables for securines. 10. Scaulties confirm gimeosistic diciliarial assets (Schedule DL). 11. Aggregate anti-ins for invested assets. 12. Substitutis, cash and invested assets (Lines 1 to 11). 13. Tide justice (The insurves only). 14. Investment income due and acrued. 15. Premiums and considerations: 15. Uncondicted gramiums and agents' business in the occurse of collection. 15. Premiums and considerations: 15. Uncondicted gramiums and agents' business in the occurse of collection. 15. Acoused reforspective premiums and contracts subject to redetermination. 16. Remarkance: 16. Pursh hald by or deposted with reinsured companies. 16. Pursh hald by or deposted with reinsured companies. 16. Other amount in recoverable under invinsurance contracts. 17. Amount recoverable ration from invinced loss and initiations. 18. Other amounts recoverable under invinsurance contracts. 19. Neidernet has asset. 19. Scalars by first device each or neinsurance contracts. 19. Vest deferred as asset. 19. Scalars by first device each or neinsurance contracts. 19. Vest device or on depost. 19. Vest device or on depost. 19. Vest device or on depost. 19. Scalars by first device each of minimum and subminimum and protected. 20. Receivable from prarties published and affiliates. 21. Vest device from the first published and					
3.1 First liens. 3.2 Other thin lets liens. 3.2 Other thin lets liens. 3.3 Other thin lets liens. 4.4 Real estate (Schedule A): 4.1 Properties excupied by the company. 4.2 Properties held for the production of income. 4.3 Properties held for sale production of income. 4.3 Properties held for sale production of income. 4.5 Properties held for sale production of income. 4.6 Contract bans. 7. Deviatives (Schedule DA). 8. Contract bans. 9. Other invested assets (Schedule BA). 9. Receivables for securities. 10. Securities lending reinvested collateral assets (Schedule DL). 11. Approprie withor in for invested assets (Schedule BA). 1.000					0
3.2 Other than first liens. 4. Real setted (Schedule A): 4.1 Properties coupled by the company. 4.2 Properties had for the production of income. 4.3 Properties had for the production of income. 4.3 Properties had for the production of income. 4.3 Properties had for the substances had been substances (Schedule E-Part 2) and abort term investments (Schedule DA). 6. Contract loses. 7. Dentristives (Schedule DB). 8. Other triviated assets (Schedule BB). 9. Receivables for securities 9. Receivables for securities 9. Socialities tending reinvested collational assets (Schedule BB). 1,000	3.	Mortgage loans on real estate (Schedule B):			
4. Real estate (Schedule A): 4.1 Properties occupied by the company. 4.2 Properties held for the production of income. 4.3 Properties held for sale. 5. Cash Echadule E-Part 11, cash equivalents (Schedule E-Part 2): and short-erm investments (Schedule DA). 6. Contract loans. 7. De invitates (Schedule DA). 9. Receivables for securities. 10. Securities (Schedule DA). 10. Securities (Schedule DA). 11.000 1.00					
4.1 Properties occupied by the company. 4.2 Properties held for take and the production of income. 4.3 Properties held for take and the production of income. 5. Cash (Schedule E Part 1), cash equivalents (Schedule E Part 2) and short-term investment (Schedule DA). 6. Contract Emer. 7. Dentatives (Schedule DA). 8. Other invested assets (Schedule DA). 9. Recoinables for securities. 9. Securities (Schedule DA). 1.000 1.00					0
4.2 Properties heid for the production of income 4.3 Properties heid for sale. 5. Cash (Stehded Farth 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA). 6. Contract loans. 7. Derivatives (Schedule DB). 8. Other invested assets (Schedule DA). 9. Recoivables for securities. 1.000 1,000 1	4.				
4.3 Properties held for sale. 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA). 6. Contract kans. 7. Derivatives (Schedule DB). 9. Receivables for securities. 10. Securities lending retivested collateral assists (Schedule DL). 11. Aggregate write-ine for invested assists. 10. Securities lending retivested collateral assists (Schedule DL). 11. Aggregate write-ine for invested assists. 10. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0					
6. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short term investments (Schedule DI). 7. Derivatives (Schedule DB). 8. Other invested assets (Schedule BA). 9. Receivables of securities. 10. Securities lending reinvested dosletal assets (Schedule DI). 11. Aggregate write-ins for invested assets. 10. Securities lending reinvested collateral assets (Schedule DI). 11. Aggregate write-ins for invested assets. 10. O		4.2 Properties held for the production of income			0
and short-term investments (Schedule DA). 6. Contract claers. 7. Demonstrews (Schedule DB). 8. Other invested assets (Schedule DB). 1. 000 1,000 1		•			0
6. Contract loans. 7. Derivatives (Schedule DB). 8. Other invested assets (Schedule BA). 9. Racceivables for securities. 10. Securities lending reinvested colleteral assets (Schedule DL). 11. Aggregate write-ins for invested assets. 10. Securities lending reinvested assets. 10. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5.				
7. Derivatives (Schedule DB) 8. Other invested assets (Schedule BA) 1,000 1,00		,			
8. Other invested assets (Schedule BA)					
9. Receivables for securities 10. Securities landing reinvested collateral assets (Schedule DL). 11. Aggregate write-ins for invested assets (Lines 1 to 11)		,			
10. Securities lending reinvested collateral assets (Schedule DL). 11. Aggregate write-ins for livested assets					
11. Aggregate write-ins for invested assets					
12. Subtotals, cash and invested assets (Lines 1 to 11)		,			
13. Title plants (for Title insurers only). 14. Investment income due and accrued. 15. Premiums and considerations: 15.1 Uncollected premiums, agents' balances in the course of collection. 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due. 15.3 Accrued retrospective premiums and contracts subject to redetermination. 16. Reinsurance: 16. Reinsurance: 16.2 Funds held by or deposited with reinsured companies. 16.3 Other amounts receivable under reinsurance contracts. 17. Amounts receivable releting to uninsured plans. 18.1 Current federal and foreign income tax recoverable and interest thereon. 18.2 Net deferred tax asset. 19. Guaranty funds receivable or on deposit. 20. Electronic data processing equipment and software. 21. Electronic data processing equipment and software. 22. Net adjustment in assets and liabilities due to foreign exchange rates. 23. Receivables from parent, subsidiaries and efficiales. 24. Health care and other amounts receivable. 25. Aggregate write-ins for other-than-invested assets. 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 26. Edetacounts (Lines 12 through 25). 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 28. Total asset excluding Separate Accounts and Protected Cell Accounts. 29. Edetacounts (Lines 12 through 25). 20. Edetals OF WRITE-INS 20. EDETAILS OF WRITE-INS					
14. Investment income due and accrued					
15. Premiums and considerations: 15.1 Uncollected premiums and agents' balances in the course of collection					
15.1 Uncollected premiums and agents' balances in the course of collection					0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due. 15.3 Accrued retrospective premiums and contracts subject to redetermination	15.				
deferred and not yet due			386	1,494	1,108
15.3 Accrued retrospective premiums and contracts subject to redetermination		,			
16. Reinsurance: 16.1 Amounts recoverable from reinsurers		•			
16.1 Amounts recoverable from reinsurers 16.2 Funds held by or deposited with reinsured companies 16.3 Other amounts receivable under reinsurance contracts. 17. Amounts receivable relating to uninsured plans. 18.1 Current federal and foreign income tax recoverable and interest thereon. 18.2 Net deferred tax asset. 19. Guaranty funds receivable or on deposit. 20. Electronic data processing equipment and software. 21. Furniture and equipment, including health care delivery assets. 22. Net adjustment in assets and liabilities due to foreign exchange rates. 23. Receivables from parent, subsidiaries and affiliates. 24. Health care and other amounts receivable. 25. Aggregate write-ins for other-than-invested assets. 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 26 and 27). DETAILS OF WRITE-INS	10				0
16.2 Funds held by or deposited with reinsured companies. 16.3 Other amounts receivable under reinsurance contracts. 17. Amounts receivable relating to uninsured plans. 18.1 Current federal and foreign income tax recoverable and interest thereon. 18.2 Net deferred tax asset. 19. Guaranty funds receivable or on deposit. 20. Electronic data processing equipment and software. 21. Furniture and equipment, including health care delivery assets. 22. Net adjustment in assets and liabilities due to foreign exchange rates. 23. Receivables from parent, subsidiaries and affiliates. 24. Health care and other amounts receivable. 25. Aggregate write-ins for other-than-invested assets. 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 28. TOTALS (Lines 26 and 27). 30. DETAILS OF WRITE-INS 310. DETAILS OF WRITE-INS	10.				0
16.3 Other amounts receivable under reinsurance contracts. 17. Amounts receivable relating to uninsured plans. 18.1 Current federal and foreign income tax recoverable and interest thereon. 18.2 Net deferred tax asset. 19. Guaranty funds receivable or on deposit. 20. Electronic data processing equipment and software. 21. Furniture and equipment, including health care delivery assets. 22. Net adjustment in assets and liabilities due to foreign exchange rates. 23. Receivables from parent, subsidiaries and affiliates. 24. Health care and other amounts receivable. 25. Aggregate write-ins for other-than-invested assets. 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. 28. TOTALS (Lines 26 and 27). DETAILS OF WRITE-INS 1101. 1102. 1103.					
17. Amounts receivable relating to uninsured plans. 18.1 Current federal and foreign income tax recoverable and interest thereon. 18.2 Net deferred tax asset. 19. Guaranty funds receivable or on deposit. 20. Electronic data processing equipment and software. 21. Furniture and equipment, including health care delivery assets. 22. Net adjustment in assets and liabilities due to foreign exchange rates. 23. Receivables from parent, subsidiaries and affiliates. 24. Health care and other amounts receivable. 25. Aggregate write-ins for other-than-invested assets. 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 26 and 27). 28. TOTALS (Lines 26 and 27). 29. DETAILS OF WRITE-INS 1101. 1102. 1103.					
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18.2 Net deferred tax asset 19. Guaranty funds receivable or on deposit. 20. Electronic data processing equipment and software. 21. Furniture and equipment, including health care delivery assets. 22. Net adjustment in assets and liabilities due to foreign exchange rates. 23. Receivables from parent, subsidiaries and affiliates. 24. Health care and other amounts receivable. 25. Aggregate write-ins for other-than-invested assets. 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25). 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts. 28. TOTALS (Lines 26 and 27). DETAILS OF WRITE-INS		- · · · · · · · · · · · · · · · · · · ·			
19. Guaranty funds receivable or on deposit. 20. Electronic data processing equipment and software					
20. Electronic data processing equipment and software. .49,661 .61,621 21. Furniture and equipment, including health care delivery assets. .217,327 .228,576 22. Net adjustment in assets and liabilities due to foreign exchange rates.					
21. Furniture and equipment, including health care delivery assets		,			
22. Net adjustment in assets and liabilities due to foreign exchange rates					
23. Receivables from parent, subsidiaries and affiliates					·
24. Health care and other amounts receivable					
25. Aggregate write-ins for other-than-invested assets.		·			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	_				
Cell Accounts (Lines 12 through 25)			377,460	326,038	(51,422)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	26.		C4E 024	C40.700	(07.405)
28. TOTALS (Lines 26 and 27)	07				
DETAILS OF WRITE-INS 1101.					
1101. 1102. 1103.	28.	<u>'</u>			(27,105)
1102					
1103					
1198. Summary of remaining write-ins for Line 11 from overflow page					
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)					
2501. OTHER RECEIVABLES					, 1
2502. NON VESTED PENSION BENEFITS			•	-	(, ,
2503					
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2599	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	377,460	326,038	(51,422)

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

		SSAP	F/S	F/S		
		#		Line #	2019	2018
		#	Page	LINE#	2019	2010
NET	INCOME					
(1)	Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	12,791,493	7,496,678
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP					
(4)	NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	12,791,493	7,496,678
SUF	RPLUS					
(5)	Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	202,025,999	180,379,734
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
/ 7 \	Otto Described Describes that are an increase (videous as) from NAIO					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP					
(8)	NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	202,025,999	180,379,734

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities. It also requires estimates in the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of the revenue and expenses during the period. The most significant estimates affecting the Company's financial statements involve the estimation of future indemnity losses and loss adjustment expenses to be incurred by the Company and the level of reserves required to adequately cover the estimate. Actual results could differ from these estimates.

C. Accounting Policy

Direct and ceded premiums are earned over the terms of related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct and ceded business.

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

Net investment income earned consists primarily of interest and dividend income, less investment related expense. Interest income is recognized on an accrual basis and dividends are recognized on an ex-dividend basis. Net realized capital gains (losses) are recognized on a first in-first out basis when securities are sold, redeemed, or otherwise disposed of. Realized capital losses include writedowns for impairments considered to be other than temporary.

In addition, the Company uses the following accounting policies:

- (1) Investments with maturities of less than one year at the time of acquisition are considered short-term investments and are stated at amortized cost using the interest method. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
- (2) Investment grade bonds not backed by other loans are stated at amortized cost using the interest method. Non-investment grade bonds with NAIC designations of 3 through 6 are stated at the lower of amortized cost or fair value. Declines in market values that are determined to be other than temporary are recorded as realized losses. The new cost basis is not changed for subsequent recoveries. See paragraph (6) for loan-backed structured securities.
- (3) Common stocks, other than investments in subsidiaries and affiliates, are stated at fair value. Declines in market values that are determined to be other than temporary are recorded as realized losses. The new cost basis is not changed for subsequent recoveries.
- (4) Stated Basis of Preferred Stock

Not Applicable

(5) Valuation of Mortgage Loans

Not Applicable

(6) Investment grade loan-backed securities are stated at amortized cost. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.

The carrying value and final NAIC designation for non-agency residential mortgage-backed securities are determined using a special two-step NAIC process. Those assigned an NAIC designation in the first step of 1 or 2 are stated at amortized cost and those assigned a 3 through 6 designation are stated at the lower of amortized cost or fair value. The NAIC designation assigned under the second step of the process is reported for these securities in Schedule D and is used in the risk-based capital calculation.

(7) Investment in the Company's single subsidiary (non-insurance) is stated at GAAP equity value.

(8) Investments in joint ventures and partnerships

Not Applicable

(9) Derivatives

Not Applicable

- (10) The Company anticipates investment income as a factor when evaluating the need for premium deficiency reserves (see Note 30).
- (11) Reserves for unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and an amount, based on past experience (adjusted for expected changes in factors potentially affecting future losses), for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes reported reserves are adequate, the ultimate liability may be in excess of, or less than, the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has a written capitalization policy for purchases of fixed assets. The predefined capitalization thresholds under this policy have not changed from those of the prior year.
- (13) Method to Estimate Pharmaceutical Rebate Receivables

Not Applicable

D. Going Concern

Based upon its evaluation of relevant conditions and events, management does not have a substantial doubt about the Company's ability to continue as a going concern.

NOTE 2 - ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Not Applicable

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

Not Applicable

NOTE 4 - DISCONTINUED OPERATIONS

Not Applicable

NOTE 5 - INVESTMENTS

A. Mortgage Loans, including Mezzanine Real Estate Loans
 Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgage

Not Applicable

- D. Loan-Backed Securities
 - (1) Prepayment assumptions for loan-backed and structured securities were obtained from broker dealer survey values or internal estimates.
 - (2) The Company did not recognize any other-than-temporary impairments (OTTI) on loan-backed or structured securities during the period.
 - (3) The Company did not hold any loan-backed or structured securities with OTTI at the end of the current period.
 - (4) The following table summarizes unrealized losses on loan-backed securities and structured securities by the length of time that the securities have continuously been in unrealized loss positions:

a.	The aggregate amount of unrealized losses:	1. Less than 12 Months	8,298
		2. 12 Months or Longer	26,409
b.	The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	4,501,337
		2. 12 Months or Longer	5,763,051

(5) All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether an OTTI should be recognized. As of the end of the current period, the Company asserts that it has the intent and believes that it has the ability to hold these securities long enough to allow the cost basis of these securities to be recovered. Unrealized losses are primarily attributable to credit spread widening and increased liquidity discounts. It is possible that the Company could recognize OTTI in the future on some of the securities held at the end of the current period if future events, information and the passage of time cause it to conclude that declines in value are other than temporary.

- Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- Real Estate Not Applicable
- Low-Income Housing Tax Credits (LIHTC) Not Applicable
- **Restricted Assets**
 - (1) Restricted Assets (Including Pledged)

	Gross (admitted & Nonadmitted) Restricted Current Year											
			Currer							Percentage		
	1	2	3	4	5	6	7	8	9	10	11	
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Call Account (S/A) Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)	
Subject to contractual obligation for which liability is not shown Collateral held												
under security lending arrangements												
c. Subject to repurchase agreements												
d. Subject to reverse repurchase agreements												
e. Subject to dollar repurchase agreements												
f. Subject to dollar reverse repurchase agreements												
g. Placed under option contracts												
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock												
i. FHLB capital stock												
j. On deposit with states k. On deposit with	199,281				199,281	198,482	799		199,281	0.1%	0.1%	
other regulatory bodies												
I. Pledged as collateral to FHLB (including assets backing funding agreements)												
m. Pledged as collateral not captured in other categories												
n. Other restricted assets o. Total Restricted												
Assets (a) Subset of colu	199,281				199,281	198,482	799		199,281	0.1%	0.1%	

- Subset of column 3
 Column 5 divided by Asset Page, Column 1, Line 28
 Column 9 divided by Asset Page, Column 3, Line 28
- (2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

Not Applicable

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

Not Applicable

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements Not Applicable

M. Working Capital Finance Investments

Not Applicable

N. Offsetting and Netting of Assets and Liabilities

Not Applicable

O. 5GI Securities

Not Applicable

P. Short Sales

Not Applicable

Q. Prepayment Penalty and Acceleration Fees

Not Applicable

NOTE 6 - JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

A. Detail for Those Greater than 10% of Admitted Assets

Not Applicable

B. Writedowns for Impairment of Joint Ventures, Partnerships and LLCs

Not Applicable

NOTE 7 – INVESTMENT INCOME

A. Accrued Investment Income

The Company does not admit investment income due and accrued if amounts are over 90 days past due (180 days for mortgage loans).

B. Amounts Nonadmitted

Not Applicable

NOTE 8 - DERIVATIVE INSTRUMENTS

Not Applicable

NOTE 9 - INCOME TAXES

- A. Deferred Tax Assets/(Liabilities)
 - 1. Components of Net Deferred Tax Asset/(Liability)

		2019			2018		Change		
	1	2	3	4	5	6	7	8	9
			(Col 1+2)			(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Gross deferred tax assets	3,476,301	303,726	3,780,027	3,100,923	332,590	3,433,513	375,378	(28,864)	346,514
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	3,476,301	303,726	3,780,027	3,100,923	332,590	3,433,513	375,378	(28,864)	346,514
d. Deferred tax assets nonadmitted									
e. Subtotal net admitted deferred tax asset (1c-1d)	3,476,301	303,726	3,780,027	3,100,923	332,590	3,433,513	375,378	(28,864)	346,514
f. Deferred tax	0,470,001	303,720	3,700,027	3,100,323	332,330	0,400,010	010,010	(20,004)	340,514
liabilities	952,657	5,952,025	6,904,682	1,106,230	3,460,010	4,566,240	(153,573)	2,492,015	2,338,442
g. Net admitted deferred tax assets/(net deferred									
tax liability) (1e-1f)	2,523,644	(5,648,299)	(3,124,655)	1,994,693	(3,127,420)	(1,132,727)	528,951	(2,520,879)	(1,991,928)

2. Admission Calculation Components SSAP No. 101

		2019			2018			Change			
	1	2	3	4	5	6	7	8	9		
			(Col 1+2)			(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total		
Federal income taxes paid in prior years recoverable through loss carrybacks			2,461,284	2,827,284		2,827,284	(366,000)		(366,000)		
b. Adjusted gross	2,401,204		2,401,204	2,021,204		2,021,204	(300,000)		(300,000)		
deferred tax asse expected to be realized (excludin the amount of deferred tax asse from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and	g ts										
2(b)2 below)	424,010		424,010				424,010		424,010		
Adjusted gro deferred tax assets expected to I realized following the balance shee date	pe		424,010				424,010		424,010		
Adjusted gro deferred tax assets allowe per limitation threshold	ed		30,263,143			27,023,027			3,240,116		
c. Adjusted gross deferred tax asse (excluding the amount of deferre tax assets from 2 and 2(b) above) offset by gross deferred tax	ed										
liabilities	591,007	303,726	894,733	273,639	332,590	606,229	317,368	(28,864)	288,504		
d. Deferred tax asse admitted as the result of application of SSAP 101. Total	ets on										
(2(a)+2(b)+2(c))	3,476,301	303,726	3,780,027	3,100,923	332,590	3,433,513	375,378	(28,864)	346,514		

3. Other Admissibility Criteria

		2019	2018
a.	Ratio percentage used to determine recovery period and threshold limitation amount	2,155.3%	2,007.0%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold		
	limitation in 2(b)2 above	201,754,287	180,153,512

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	2019		20	18	Change		
	1	2	3	4	5 (Col. 1-3)	6 (Col. 2-4)	
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital	
Adjusted gross DTAs amount from Note A1(a)	3,476,301	303,726	3,100,923	332,590	375,378	(28,864)	
9A1(c) 2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	3,470,301	100.0%		100.0%		(20,004)	
Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	3,476,301	303,726	3,100,923	332,590	375,378	(28,864)	
4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning		100.0%		400.00/			
strategies		100.0%		100.0%			

(b) Does the company's tax planning strategies include the use of reinsurance? NO

B. Deferred Tax Liabilities Not Recognized

Not Applicable

C. Current and Deferred Income Taxes

1. Current Income Tax

	1	2	3 (Col 1-2)
	2019	2018	Change
a. Federal	3,226,851	907,521	2,319,330
b. Foreign			
c. Subtotal	3,226,851	907,521	2,319,330
d. Federal income tax on net capital gains	10,111	761,808	(751,697)
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	3,236,962	1,669,329	1,567,633

2. Deferred Tax Assets

Deterred Tax Assets			
	1	2	3
			(Col 1-2)
	2019	2018	Change
a. Ordinary:			
Discounting of unpaid losses	1,477,054	1,443,155	33,899
Unearned premium reserve	1,011,265	774,313	236,952
Policyholder reserves			
4. Investments			
Deferred acquisition costs			
Policyholder dividends accrual			
7. Fixed assets			
Compensation and benefits accrual	902,840	788,254	114,586
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (items <=5% and >5% of total ordinary tax assets)	85,142	95,201	(10,059)
Other (items listed individually >5%of total ordinary tax assets)		·	
99. Subtotal	3,476,301	3,100,923	375,378
b. Statutory valuation allowance adjustment			
c. Nonadmitted			
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	3,476,301	3,100,923	375,378
e. Capital:			
1. Investments	303,726	332,590	(28,864)
Net capital loss carry-forward			
3. Real estate			
4. Other (items <=5% and >5% of total capital tax assets)			
Other (items listed individually >5% of total capital tax assets)		<u> </u>	
99. Subtotal	303,726	332,590	(28,864)
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)	303,726	332,590	(28,864)
i. Admitted deferred tax assets (2d+2h)	3,780,027	3,433,513	346,514

3. Deferred Tax Liabilities

	1	2	3 (0-14.0)
	2019	2018	(Col 1-2) Change
a. Ordinary:	1	•	
1. Investments	341,024	495,960	(154,936)
2. Fixed assets	69,033	63,573	5,460
Deferred and uncollected premium			
Policyholder reserves			
5. Other (items <=5% and >5% of total ordinary tax liabilities)	542,600	546,697	(4,097)
Other (items listed individually >5% of total ordinary tax liabilities)	1		, ,
99. Subtotal	952,657	1,106,230	(153,573)
b. Capital:			
1. Investments	5,952,025	3,460,010	2,492,015
2. Real estate			
3. Other (Items <=5% and >5% of total capital tax liabilities)			
Other (items listed individually >5% of total capital tax liabilities)			
99. Subtotal	5,952,025	3,460,010	2,492,015
c. Deferred tax liabilities (3a99+3b99)	6,904,682	4,566,240	2,338,442
Net Deferred Tax Assets/Liabilities (2i – 3c)	(3,124,655)	(1,132,727)	(1,991,928)

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	3,364,456	21.0%
Change in nonadmitted assets		
Proration of tax exempt investment income	141,505	0.9%
Tax exempt income deduction	(495,575)	(3.1)%
Dividends received deduction	(70,445)	(0.4)%
Disallowed travel and entertainment	3,175	
Other permanent differences	15,511	0.1%
Temporary Differences:		
Total ordinary DTAs		
Total ordinary DTLs		
Total capital DTAs		
Total capital DTLs	(210,543)	(1.3)%
Other:		
Statutory valuation allowance adjustment		
Accrual adjustment – prior year	(11,207)	(0.1)%
Other		
Totals	2,736,877	17.1%
Federal and foreign income taxes incurred	3,226,851	20.1%
Realized capital gains (losses) tax	10,111	0.1%
Change in net deferred income taxes	(500,085)	(3.1)%
Total statutory income taxes	2,736,877	17.1%

- E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment
 - 1. The amounts, origination dates and expiration dates of operating loss and tax credit carryforwards available for tax purposes:

Description (Operating Loss or Tax Credit Carry Forward)	Amounts	Origination Dates	Expiration Dates
NONE			

2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amounts
2019	3,248,168
2018	1,699,111

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code
The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with the following entities:

Specialty Insurance Placement Services, LLC

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

Allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated return.

G. Federal or Foreign Federal Income Tax Loss Contingencies:

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT) - RTT owed under the TCJA

Not Applicable

I. Alternative Minimum Tax (AMT Credit)

Not Applicable

NOTE 10 - INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

A. Nature of Relationships

The Company owns 100% of its noninsurance subsidiary, Specialty Insurance Placement Services, LLC.

The Company sponsored the creation of a risk retention group named BeaconHarbor Mutual Risk Retention Group ("BeaconHarbor") in 2012, which was dissolved effective December 30, 2019.

B. Detail of Transactions Greater than ½% of Admitted Assets

Not Applicable

C. Changes in Terms of Intercompany Arrangements

Not Applicable

D. Amounts Due to or from Related Parties

The Company reported the following as amounts due from its subsidiaries in the current and prior years:

Related Parties	2019	2018
Specialty Insurance Placement Services, LLC	9,250	9,373
BeaconHarbor Mutual Risk Retention Group	0	57,443
Total	9,250	66,816

These arrangements are subject to written agreements, dated December 28, 2016, which require that intercompany balances be settled within 60 days of the end of the year.

E. Guarantees on Contingencies for Related Companies

Not Applicable

F. Management Service Contracts, Cost Sharing Arrangements

The Company provides certain management services to its subsidiary company under a management agreement.

G. Nature of Relationships that Could Affect Operations

The Company owns 100% of its subsidiary company.

H. Amount Deducted for Investment in Upstream Company

Not Applicable

l. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not Applicable

J. Write down for Impairments of Investments in Affiliates

Not Applicable

K. Investment in Foreign Insurance Subsidiaries Valued using CARNM

Not Applicable

L. Investment in Downstream Noninsurance Holding Company Valued Using Look-Through Method

Not Applicable

M. Non-Insurance Subsidiary, Controlled and Affiliated (SCA) Entity Valuations

Not Applicable

N. Investments in Insurance SCA Entities

Not Applicable

O. SCA Loss Tracking

Not Applicable

NOTE 11 - DEBT

A. Debt, Including Capital Notes

The Company maintains an unsecured \$2,000,000 line of credit with a local bank. There was no outstanding balance on the line of credit at the end of the current year. Interest on any outstanding balance is charged at one month LIBOR, plus 2.20%. The effective interest rate is equivalent to the stated rate. There was no interest expense incurred relative to the line of credit during the current year. The Company is required to carry a zero balance on the line of credit for 30 days within each year.

B. FHLB (Federal Home Loan Bank) Agreements

Not Applicable

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENSES AND OTHER POSTRETIREMENT BENEFIT PLANS

A. Defined Benefit Plan

Not Applicable

B-D. Investment Policies and Strategies

Not Applicable

E. Defined Contribution Plans

The Company sponsors a 401(K) plan covering substantially all employees of the Company. See Note 12G for further information.

F. Multiemployer Plans

Not Applicable

G. Consolidated/Holding Company Plans

The Company sponsors a 401(k) plan covering substantially all employees of the Company. The plan has two components, employee funding and employer contributions. The Company elected a safe harbor fixed formula of 3% and a discretionary formula of 10% of eligible compensation up to the maximum allowable earnings prescribed under Federal regulations. Contributions are made to the plan quarterly. In 2019 and 2018, the Company expensed \$627,306 and \$629,591, respectively, for employer contributions.

The Company sponsors a non-qualified supplemental pension plan for employees who have earnings in excess of federally allowed limits for contributions to the defined contribution plan. Participants in the plan are general creditors of the Company. The Company pays participants interest at a rate tracking mutual fund returns as selected by the participants, or at Prime rate as published in the Wall Street Journal on the first business day of the calendar year, based on participants' written elections. Contributions are made quarterly, and are computed at the same rate applicable to the employee contributions to the 401(k) plan. In 2019 and 2018, the Company expensed \$98,501 and \$90,389, respectively, to fund the plan, and the company credited earnings to participants totaling \$40,484 and \$35,315, respectively.

The Company sponsors a non-qualified deferred compensation plan for employees and directors. The plan allows participants to defer receipt of compensation until a future date. Participants in the plan are general creditors of the Company. The Company pays participants interest at a rate tracking mutual fund returns as selected by the participants, or at Prime rate as published in the Wall Street Journal on the first business day of the calendar year, based on participants' written elections. In 2019 and 2018, the Company credited earnings to participants totaling \$188,403 and \$136,786, respectively.

H. Postemployment Benefits and Compensated Absences

The Company has no obligations to current or former employees for benefits after termination of their employment, but before their retirement, other than for compensation related to earned vacation. The liability for earned but untaken vacation has been accrued.

I. Impact of Medicare Modernization Act on Postretirement Benefits

The Company has no obligations to former employees for benefits after their retirement.

NOTE 13 - CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

(1) Outstanding Shares

Not Applicable

(2) Dividend Rate of Preferred Stock

Not Applicable

(3) Dividend Restrictions

There are no restrictions for dividends paid or credited to policyholders.

(4) Dates and Amounts of Dividends Paid

Dividends are paid to policyholders as declared by the Company's Board of Directors. Dividends of \$4,997,906 and \$1,495,857 were declared in 2019 and 2018, respectively.

(5) Amount of Ordinary Dividends That May Be Paid to Stockholders

Not Applicable

(6) Restrictions on Unassigned Funds

There are no restrictions on the unassigned funds of the Company other than those described in paragraphs (3) and (5) and these unassigned funds are held for the benefit of the policyholders.

(7) Mutual Surplus Advances

Not Applicable

(8) Company Stock Held for Special Purposes

Not Applicable

(9) Changes in Special Surplus Funds

Not Applicable

(10) Changes in Unassigned Funds

The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is \$28,819,671.

(11) Surplus Notes

Not Applicable

(12) Impact of Quasi-reorganizations

Not Applicable

(13) Dates of Quasi-Reorganizations

Not Applicable

NOTE 14 - LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

(1) The Company received a surplus note from its sponsored risk retention group, BeaconHarbor, which was to be funded based on the operating needs of BeaconHarbor, up to a maximum amount of \$5,000,000. The Company capitalized BeaconHarbor for \$1,050,000 and funded it with \$50,000 operating cash. As of the end of the prior year, the Company had a contingent commitment balance of \$4,950,000. BeaconHarbor was dissolved effective December 30, 2019. There are no contingent commitments as of the end of the current period.

(2) Detail of Other Contingent Commitments

				Current Status of
	Liability Recognition of		Maximum Potential Amount of	Payment or
	Guarantee, (Including Amount		Future Payments (Undiscounted)	Performance Risk of
	Recognized at Inception. If no	Ultimate Financial	the Guarantor could be Required	Guarantee. Also
Nature and Circumstances of	Initial Recognition, Document	Statement Impact if	to make under the Guarantee. If	Provide Additional
Guarantee and Key Attributes, Including	Exception Allowed Under	Action under the	unable to Develop an Estimate,	Discussion as
Date and Duration of Agreement	SSAP No. 5R)	Guarantee is Required	this Should be Specifically Noted	Warranted
		NONE		

(3) Summary of detail in 14.A.2

a.	Aggregate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to	
	make under guarantees. (Should equal the total of column 4 for (2) above.)	NONE
b.	Current liability recognized in F/S	NONE
	Noncontingent liabilities	
	Contingent liabilities	
C.	Ultimate financial statement impact if action under the guarantee is required	NONE
	1. Investments in SCA	
	2. Joint venture	
	3. Dividends to stockholders (capital contribution)	
	4. Expense	
	5. Other	
	6. Total (should equal (3)a)	

B. Assessments

(1) Liability and related asset

The Company is subject to guaranty fund and other assessments by the states in which it writes business (Maine, Massachusetts, New Hampshire, and Vermont). The Company has not accrued a liability for guaranty fund assessments since the assessments/benefits are paid/received concurrent with notice by the states. Guaranty fund assessments are accrued by the states at the time of insolvencies. The Company recorded an expense of \$0 and \$19,418 for guaranty fund assessments in 2019 and 2018, respectively.

The Company has no significant liability for other assessments.

(2) Rollforward of related asset

Not Applicable

C. Gain Contingencies

Not Applicable

D. Extra Contractual Obligation and Bad Faith Losses

Not Applicable

E. Product Warranties

Not Applicable

F. Joint and Several Liabilities

Not Applicable

G. All Other Contingencies

At the end of the current and prior years, the Company had admitted assets of \$21,201,252 and \$16,352,222, respectively, in premiums receivable due from policyholders. The Company routinely assesses the collectability of these receivables. Based upon Company experience, any uncollectible premiums receivable as of the end of the current year is not expected to exceed the non-admitted amount of \$386 and, therefore, no additional provision for uncollectible amounts has been recorded. The potential for any additional loss is not believed to be material to the Company's financial condition.

Lawsuits against the Company can arise in the normal course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no contingent liability under certain structured settlement agreements (see Note 27A).

NOTE 15 - LEASES

A. Lessee Operating Lease

(1) The Company signed a new lease, effective July 1, 2013, for office space under a non-cancelable operating lease ending on December 31, 2025. Rental expense for 2019 and 2018 was \$297,066 and \$293,079, respectively.

As an incentive to sign the lease, the landlord reduced the rental rates and square footage rented prior to the expiration of the existing lease. The savings in rent expense was deferred beginning July 1, 2013, and will be amortized over the remaining lease term. There is \$352,744 and \$411,535 deferred rental savings included on the Company's balance sheet at the end of the current and prior years, respectively.

- (2) Leases with Initial or Remaining Noncancelable Lease Terms in Excess of One Year
 - a. At January 1, 2020 the minimum aggregate rental commitments are as follows:

Yea	ar Ending December 31	Operating Leases
1.	2020	333,123
2.	2021	333,123
3.	2022	333,123
4.	2023	333,123
5.	2024	333,123
6.	Subtotal	1,665,615
7.	Thereafter	333,123
8.	Total	1.998.738

- (3) The Company has not entered into any sale and leaseback arrangements.
- B. Lessor Leases

Not Applicable

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Not Applicable

NOTE 17 - SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A. Transfers of Receivables Reported as Sales

Not Applicable

B. Transfer and Servicing of Financial Assets

Not Applicable

C. Wash Sales

Not Applicable

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

Not Applicable

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

Not Applicable

NOTE 20 - FAIR VALUE MEASUREMENTS

- A. Inputs Used for Assets and Liabilities Measured at Fair Value
 - (1) Items Measured and Reported at Fair Value by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 – Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

Level 2 – Significant Other Observable Inputs: This category, for items measured at fair value on a recurring basis, includes bonds. The estimated fair value of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not actively traded.

Level 3 – Significant Unobservable Inputs: The Company has no assets or liabilities measured at fair value in this category.

				Net Asset Value	
Description for Each Type of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	(NAV)	Total
Assets at Fair Value					
Bonds					
Common Stocks - Industrial	53,993,591				53,993,591
Common Stocks-Mutual Funds	1,607,003				1,607,003
Total	55,600,594				55,600,594
Liabilities at Fair Value					
None					
Total					

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

				Total Gains and						
	Beginning			(Losses)	(Losses)					
	Balance at	Transfers Into	Transfers Out	Included in Net	Included in				Settle-	Ending Balance at 12/31/2019
Description	1/1/2019	Level 3	of Level 3	Income	Surplus	Purchases	Issuances	Sales	ments	at 12/31/2019
a. Assets										
None										
Total										
b. Liabilities										
None										
Total										

(3) Policies on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement The Company has no assets or liabilities measured at fair value in the Level 2 or 3 categories.

(5) Derivative Fair ValueNot Applicable

B. Other Fair Value Disclosures

Not Applicable

C. Fair Value Level for All Financial Instruments by Level 1, 2 and 3

The tables below reflect the fair values and admitted assets and liabilities that are financial instruments, excluding those accounted for under the equity method (subsidiaries, joint ventures and ventures). The fair values are also categorized into the three-level fair value hierarchy as described above in Note 20A.

Type of Financial Instrument	Aggregate Fair					Net Asset Value	Not Practicable
as of 12/31/19	Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	(NAV)	(Carrying Value)
Bonds	239,046,757	227,614,083	47,762,049	191,284,708			
Common Stock	55,600,594	55,600,594	55,600,594				
Cash, cash equivalents and							
short-term investments	33,380,761	33,380,761	33,380,761				

Type of Financial Instrument as of 12/31/18	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	234,178,756	231,629,582	66,347,748	167,831,008			
Common Stock	43,238,386	43,238,386	43,238,386				
Cash, cash equivalents and							
short-term investments	15,042,245	15,042,245	15,042,245				

D. Not Practicable to Estimate Fair Value

		Effective Interest		
Type of Class or Financial Instrument	Carrying Value	Rate	Maturity Date	Explanation
None	\$ %			

E. NAV Practical Expedient Investments

Not Applicable

NOTE 21 – OTHER ITEMS

A. Unusual or Infrequent Items

Not Applicable

B. Troubled Debt Restructuring Debtors

Not Applicable

C. Other Disclosures

Not Applicable

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-Transferable Tax Credits

Not Applicable

F. Subprime Mortgage Related Risk Exposure

(1) Subprime Mortgage Exposures

The Company invests in several asset classes that could be adversely impacted by subprime mortgage exposure including mortgage-backed securities and equity investments in financial institutions. In addition, all investment classes are impacted by market exposure to adverse news in the economy. Conservative investment guidelines limit the Company's exposure to such losses.

(2) Direct Exposure Through Investments in Subprime Mortgage Loans

Not Applicable

(3) Direct Exposure Through Other Investments

The Company invests in several other asset classes that could have subprime mortgage exposure including:

- · Residential mortgage-backed securities
- Structured loan-backed securities
- Debt obligations and equity securities of unaffiliated financial institutions participating in subprime lending practices

The Company has reviewed its investments in debt obligations to determine that they are investment grade quality, are current for interest payments due, and, in the case of mortgage-backed securities, that such investments are in tranches that have minimal default risk. Default risk on bonds appears to be minimal at present; however, the credit crisis could worsen in the future, negatively impacting the status of obligations held. In the case of equity securities, market values that are less than the cost of securities have been deducted from surplus to the extent such differences do not reflect other-than-temporary declines in market value.

There is no subprime residential mortgage exposure as of the end of the current year.

(4) Underwriting Exposure to Subprime Mortgage Risk Through Mortgage Guaranty or Financial Guaranty Insurance Coverage

Not Applicable

G. Insurance-Linked Securities (ILS) Contracts

Not Applicable

H. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not Applicable

NOTE 22 – EVENTS SUBSEQUENT

Subsequent events have been considered through February 25, 2020, the date of issuance of these statutory financial statements. There were no events occurring subsequent to the end of the current year that merited disclosure in these statements.

The Company is not subject to an annual ACA assessment under section 9010 of the Affordable Care Act since it does not write health insurance.

NOTE 23 - REINSURANCE

A. Unsecured Reinsurance Recoverables

The Company does not have any unsecured aggregate reinsurance recoverables for paid and unpaid losses, loss adjustment expenses and unearned premiums for individual reinsurers authorized, unauthorized or certified, that exceed 3% of policyholders' surplus.

B. Reinsurance Recoverable in Dispute

	Total Amount in			
	Dispute (Including			
Name of Reinsurer	IBNR)	Notification	Arbitration	Litigation
NONE	,			

C. Reinsurance Assumed and Ceded

(1) The following table summarizes assumed and ceded unearned premiums and the related commission equity at the end of the current year:

		Assumed	Reinsurance	Ceded	Reinsurance	Net	
		Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a.	Affiliates						
b.	All Other			7,966,327		(7,966,327)	
C.	Total			7,966,327		(7,966,327)	_

d. Direct Unearned Premium Reserves	31,878,089
-------------------------------------	------------

- (2) The Company does not have any reinsurance contracts that provide for additional or return commissions based on the actual loss experience of the reinsurance contracts.
- (3) The Company does not use protected cells as an alternative to traditional reinsurance.
- D. Uncollectible Reinsurance

Not Applicable

E. Commutation of Ceded Reinsurance

Not Applicable

F. Retroactive Reinsurance

Not Applicable

G. Reinsurance Accounted for as a Deposit

Not Applicable

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements

Not Applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not Applicable

NOTE 24 - RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

Not Applicable

NOTE 25 - CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES (000's omitted)

A. Current year changes in estimates of the costs of prior year losses and loss adjustment expenses (LAE) affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current year expense and are referred to as favorable development or prior year reserve redundancies. Current year losses and LAE reflected on the Statement of Income of \$14,036 were lower by \$13,691 due to favorable development of prior year estimates. This favorable development was approximately 14.4% of the prior year reserves for unpaid losses and LAE reflected on the Balance Sheet of \$95,349.

The first two columns in the table below reflect by line of business the expense on the Statement of Income and what that expense would have been without prior year development (from Schedule P – Part 1). The third column is the difference between the first two columns and reflects the favorable development of \$13,691. The decrease was primarily due to improved experience in the 2014 through 2018 report years. Increases or decreases of this nature occur as a result of claim settlements and receipt and evaluation of additional information regarding unpaid claims. Recent development trends are also taken into account in evaluating the overall adequacy of reserves.

The last two columns reconcile the redundancy shown in the third column to the information shown in Schedule P – Part 2, which includes losses and the defense and cost containment (DCC) portion of LAE, but excludes the adjusting and other (AO) portion of LAE.

(000's omitted)					
		Current Loss Year		Loss and DCC	
	Current Calendar	Losses and LAE		Shortage	Impact of AO on
Schedule P	Year Losses and	Incurred	Total Shortage	(Redundancy)	Total Shortage
Lines of Business	LAE Incurred	Schedule P - Part 1	(Redundancy)	Schedule P - Part 2	(Redundancy)
MPL - Occurrence	(191)	1,010	(1,201)	12	(1,213)
MPL - Claims Made	11,492	25,009	(13,517)	(15,152)	1,635
Other Liability - Occurrence	2,028	440	1,588	2,361	(773)
Other Liability - Claims Made	707	1,268	(561)	(32)	(529)
Total	14,036	27,727	(13,691)	(12,811)	(880)

B. Significant changes in reserving methodologies and assumptions

Not Applicable

NOTE 26 - INTERCOMPANY POOLING ARRANGEMENTS

Not Applicable

NOTE 27 - STRUCTURED SETTLEMENTS

A. Reserves Released Due to Purchase of Annuities

The Company purchased annuities from life insurers under which the claimants are payees (see Note 14G). The Company has no contingent liability should the issuers of these annuities fail to perform under the terms of the annuities.

B. Annuity Insurers with Balances Due Greater than 1% of Policyholders' Surplus
 Not Applicable

NOTE 28 - HEALTH CARE RECEIVABLES

Not Applicable

NOTE 29 - PARTICIPATING POLICIES

Not Applicable

NOTE 30 - PREMIUM DEFICIENCY RESERVES

1. Liability carried for premium deficiency reserve: None

Date of most recent evaluation of this liability: October 31, 2019

3. Was anticipated investment income utilized in the calculation? Yes

NOTE 31 – HIGH DEDUCTIBLES

- A. Reserve Credit Recorded on Unpaid Claims and Amount Billed and Recoverable on Paid Claims for High Deductibles
 - (1) Counterparty Exposure Recorded on Unpaid Claims and Billed Recoverables on Paid Claims

•	Annual Statement Line of Business (ASL)	3	4	5	6
1	2				Total High Deductibles and
		Gross (of High	Reserve Credit	Billed	Billed
		Deductible) Loss	for High	Recoverables on	Recoverables
ASL#	ASL Description	Reserves	Deductibles	Paid Claims	(Col 4 + Col 5)
11	Medical Professional Liability - Occurrence				
11	Medical Professional Liability - Claims Made	27,169,937	12,186,117		12,186,117
17	Other Liability - Occurrence	2,055,559	616,784		616,784
17	Other Liability - Claims Made	93,786			
Total		29,319,282	12,802,901		

(2) Unsecured Amounts of High Deductibles

a. Total high deductibles and billed recoverables on paid claims
 b. Collateral on balance sheet
 50,000

c. Collateral off balance sheet

d. Total unsecured deductibles and billed recoverables on paid claims
 e. Percentage unsecured
 12,752,901
 99.7%

(3) High Deductible Recoverable Amounts on Paid Claims

a. Amount of overdue nonadmitted (either due to aging or collateral)
b. Total over 90 days overdue admitted
0

c. Total overdue (a + b)

(4) The Deductible Amounts for the Highest Ten Unsecured High Deductible Policies

	Top Ten Unsecured High
Counterparty Ranking	Deductible Amounts
Counterparty 1	8,453,778
Counterparty 2	4,299,123
Counterparty 3	
Counterparty 4	
Counterparty 5	
Counterparty 6	
Counterparty 7	
Counterparty 8	
Counterparty 9	
Counterparty 10	

(1)

NOTES TO FINANCIAL STATEMENTS

Unsecured High Deductible Recoverables for Individual Obligors Part of a Group under the Same Management or Control which are Greater than 1% of Capital and Surplus. For this purpose, a group of entities under common control shall be regarded as a single customer.

)	Total Group Unsecured Aggregate Recoverable	
		Total Unsecured
		Aggregate
	Group Name	Recoverable
	NONE	

(2) Obligors and Related Members in the Group

Group Name	Obligors and Related Group Members
NONE	

NOTE 32 - DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

The Company does not discount liabilities for unpaid losses or loss adjustment expenses.

NOTE 33 - ASBESTOS/ENVIRONMENTAL RESERVES

The Company is not exposed to asbestos and/or environmental claims.

NOTE 34 - SUBSCRIBER SAVINGS ACCOUNTS

Not Applicable

NOTE 35 - MULTIPLE PERIL CROP INSURANCE

Not Applicable

NOTE 36 - FINANCIAL GUARANTY INSURANCE

Not Applicable

PART 1 - COMMON INTERROGATORIES GENERAL

1.1		orting entity a member of an Insurance Holding Company System consisting of two or more mplete Schedule Y, Parts 1, 1A and 2.	affiliated persons, one or more of which is an ins	urer?		Yes [X] No[]
1.2	If yes, did official of similar to System R	It he reporting entity register and file with its domiciliary State Insurance Commissioner, Direct the state of domicile of the principal insurer in the Holding Company System, a registration of the standards adopted by the National Association of Insurance Commissioners (NAIC) in its degulatory Act and model regulations pertaining thereto, or is the reporting entity subject to a sally similar to those required by such Act and regulations?	statement providing disclosure substantially s Model Insurance Holding Company	Yes	[X]	No []	N/A []
1.3	State reg				•		
1.4	Is the rep	orting entity publicly traded or a member of publicly traded group?			,	Yes[]	No[X]
1.5	If the resp	conse to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entit	y/group.	_			
2.1	Has any or reporting	change been made during the year of this statement in the charter, by-laws, articles of incorpentity?	poration, or deed of settlement of the				No []
2.2	If yes, dat	te of change:		_	5/1	/19, 1/24	1/19
3.1	State as o	of what date the latest financial examination of the reporting entity was made or is being made	de.	_	1	2/31/201	16
3.2		as of date that the latest financial examination report became available from either the state should be the date of the examined balance sheet and not the date the report was complete		_	1	2/31/201	16
3.3	the report By what o	of what date the latest financial examination report became available to other states or the puting entity. This is the release date or completion date of the examination report and not the department or departments? **BUREAU OF INSURANCE**		_	0	7/23/201	18
3.5	Have all f	inancial statement adjustments within the latest financial examination report been accounted t filed with departments?	d for in a subsequent financial	Yes	1	No[]	N/A [X]
3.6		of the recommendations within the latest financial examination report been complied with?		Yes	-	No[]	N/A[X]
4.1	During the	e period covered by this statement, did any agent, broker, sales representative, non-affiliated non-common control (other than salaried employees of the reporting entity) receive credit or an 20 percent of any major line of business measured on direct premiums) of:		100			
	4.11	sales of new business?			,	Yes [X]	No []
	4.12	renewals?			,	Yes [X]	No []
4.2	receive cr	e period covered by this statement, did any sales/service organization owned in whole or in predit or commissions for or control a substantial part (more than 20 percent of any major line					
	4.21	sales of new business?			•	Yes[]	No [X]
	4.22	renewals?			,	Yes[]	No [X]
5.1		eporting entity been a party to a merger or consolidation during the period covered by this st	atement?		,	Yes[]	No [X]
		wer is YES, complete and file the merger history data file with the NAIC.					
5.2		ovide the name of entity, NAIC company code, and state of domicile (use two letter state abb he merger or consolidation.	reviation) for any entity that has ceased to exist a	is a			
	TOSUIT OF E	the merger of consolidation.			2		3
	i court or t				NAI		
	Tesuit of t	1			NAI Comp	any	State of
	legalt of t				NAI	any	
6.1 6.2	Has the roby any go	1	registration, if applicable) suspended or revoked		NAI Comp Cod	any	State of
6.1	Has the reby any go	Name of Entity eporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period?			NAI	any e I	State of Domicile
6.1 6.2 7.1	Has the roby any go	Name of Entity Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? Pe full information: Proreign (non-United States) person or entity directly or indirectly control 10% or more of the			NAI	any e Yes[]	State of Domicile
6.1 6.2 7.1	Has the reby any go If yes, giv	Name of Entity eporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? re full information:	reporting entity?		NAI	any e Yes[]	State of Domicile No [X]
6.1 6.2 7.1	Has the reby any go If yes, giv Does any If yes, 7.21	Name of Entity eporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? re full information: reforeign (non-United States) person or entity directly or indirectly control 10% or more of the	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact).		NAI	any e Yes[]	State of Domicile No [X]
6.1 6.2 7.1	Has the reby any go If yes, giv Does any If yes, 7.21	Name of Entity eporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? re full information: reforeign (non-United States) person or entity directly or indirectly control 10% or more of the State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, reforeign person).	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact).		NAI	any e Yes[]	State of Domicile No [X]
6.1 6.2 7.1	Has the reby any go If yes, giv Does any If yes, 7.21	Name of Entity eporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? re full information: r foreign (non-United States) person or entity directly or indirectly control 10% or more of the State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, respectively.)	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact).		NAI	any e Yes[]	State of Domicile No [X]
6.1 6.2 7.1	Has the reby any go If yes, giv Does any If yes, 7.21 7.22	Name of Entity Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? The full information: If foreign (non-United States) person or entity directly or indirectly control 10% or more of the state the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, in Nationality In Nationality	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact).		NAI	any e Yes[]	State of Domicile No [X]
6.1 6.2 7.1 7.2	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons	Name of Entity Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? The full information: If foreign (non-United States) person or entity directly or indirectly control 10% or more of the state the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, in Nationality In Nationality In Nationality In Nationality set to 8.1 is yes, please identify the name of the bank holding company.	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact).		NAIC Comp. Cod	Yes[]	State of Domicile No [X] No [X]
6.1 6.2 7.1 7.2 8.1 8.2 8.3	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons	Name of Entity Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? The full information: If foreign (non-United States) person or entity directly or indirectly control 10% or more of the state the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, in Nationality Inpany a subsidiary of a bank holding company regulated with the Federal Reserve Board? See to 8.1 is yes, please identify the name of the bank holding company. Inpany affiliated with one or more banks, thrifts or securities firms?	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact). 2 Type of Enti	ty	NAIC Comp. Cod	Yes[]	State of Domicile No [X] No [X]
6.1 6.2 7.1 7.2	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulaton	Name of Entity Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? The full information: If foreign (non-United States) person or entity directly or indirectly control 10% or more of the state the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, in Nationality In Nationality In Nationality In Nationality set to 8.1 is yes, please identify the name of the bank holding company.	reporting entity? ciprocal, the nationality of its manager or manager or attorney-in-fact). 2 Type of Enti	ty ancial	NAIC Comp. Cod	Yes[]	State of Domicile No [X] No [X]
6.1 6.2 7.1 7.2 8.1 8.2 8.3	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulaton	Name of Entity Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? Per full information: In foreign (non-United States) person or entity directly or indirectly control 10% or more of the State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, and the state of the same of the bank holding company. In pany a subsidiary of a bank holding company regulated with the Federal Reserve Board? See to 8.1 is yes, please identify the name of the bank holding company. In pany affiliated with one or more banks, thrifts or securities firms? Poonse to 8.3 is yes, please provide below the names and locations (city and state of the main by services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the on (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primal to the securities and the securities of the services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the on (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primal to the securities agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the on (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primal to the securities and the securities and the securities are the securities and the securities and the securities and the securities and the securities are the securities and the securities and the securities and the securities are the securities and the securities	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact). 2 Type of Enti n office) of any affiliates regulated by a federal fine Currency (OCC), the Federal Deposit Insurance ry federal regulator.	ty ancial	NAIC Comp. Cod	Yes[] Yes[] Yes[]	State of Domicile No [X] No [X] No [X] No [X]
6.1 6.2 7.1 7.2 8.1 8.2 8.3	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulaton	Name of Entity Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? The full information: If foreign (non-United States) person or entity directly or indirectly control 10% or more of the state the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, in Nationality In Nationality In Nationality In Nationality of a bank holding company regulated with the Federal Reserve Board? See to 8.1 is yes, please identify the name of the bank holding company. In Pany affiliated with one or more banks, thrifts or securities firms? In Ponse to 8.3 is yes, please provide below the names and locations (city and state of the main y services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact). 2 Type of Entinoide Currency (OCC), the Federal Deposit Insurance ry federal regulator.	ty ancial	NAIC Comp. Cod	Yes[] Yes[]	State of Domicile No [X] No [X] No [X] No [X]
6.1 6.2 7.1 7.2 8.1 8.2 8.3	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory Corporation	Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? The full information: If foreign (non-United States) person or entity directly or indirectly control 10% or more of the state the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, in Nationality In Nationality In Nationality In Nationality In Nationality of a bank holding company regulated with the Federal Reserve Board? See to 8.1 is yes, please identify the name of the bank holding company. In Nationality or securities firms?	reporting entity? ciprocal, the nationality of its manager or manager or attorney-in-fact). 2 Type of Entity n office) of any affiliates regulated by a federal fine Currency (OCC), the Federal Deposit Insurance ry federal regulator. 2 Location (City, State)	ty ancial	NAIC Comp. Cod	Yes[] Yes[] Yes[]	State of Domicile No [X] No [X] No [X] No [X]
6.1 6.2 7.1 7.2 8.1 8.2 8.3 8.4	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the responsible to the conformation of the responsible to the responsi	Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? re full information: If oreign (non-United States) person or entity directly or indirectly control 10% or more of the State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, and the second of	reporting entity? ciprocal, the nationality of its manager or manager or attorney-in-fact). 2 Type of Entity n office) of any affiliates regulated by a federal fine Currency (OCC), the Federal Deposit Insurance ry federal regulator. 2 Location (City, State)	ancial 3 FRB	NAIC Comp. Cod	Yes[] Yes[] Yes[]	State of Domicile No [X] No [X] No [X] No [X]
6.1 6.2 7.1 7.2 8.1 8.2 8.3 8.4	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory Corporation What is the BAKER Has the ir as allower	Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? The full information: If foreign (non-United States) person or entity directly or indirectly control 10% or more of the state the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, in Nationality In Nationality In Nationality In Nationality In Nationality of a bank holding company regulated with the Federal Reserve Board? See to 8.1 is yes, please identify the name of the bank holding company. In Nationality or securities firms?	reporting entity? ciprocal, the nationality of its manager or manager or attorney-in-fact). 2 Type of Entity n office) of any affiliates regulated by a federal fine Currency (OCC), the Federal Deposit Insurance ry federal regulator. 2 Location (City, State) ned to conduct the annual audit?	ancial 3 FRB	NAIC Comproduction Code	Yes[] Yes[] Yes[]	State of Domicile No [X] No [X] No [X] No [X]
6.1 6.2 7.1 7.2 8.1 8.2 8.3 8.4	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory Corporation What is the BAKER Has the ir as allowe If the response Has the ir	Name of Entity Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? re full information: If foreign (non-United States) person or entity directly or indirectly control 10% or more of the State the percentage of foreign control State the percentage of foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, in Nationality In Nationality In Nationality In Nationality In Nationality (i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the on (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primare in New Name In National (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primare in the name and address of the independent certified public accountant or accounting firm retain NEWMAN & NOYES, LLC 280 FORE STREET PORTLAND, ME 04101 In Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or soonse to 10.1 is yes, provide information related to this exemption: Insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation (Model Annual Financial Reporting Model Regulation (Model Annual Financial Reporting Model Regulation (Model Annual Financial Reporting Model Regulation of the Annual Financial Repor	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact). 2 Type of Enti n office) of any affiliates regulated by a federal fine Currency (OCC), the Federal Deposit Insurance ry federal regulator. 2 Location (City, State) ned to conduct the annual audit? rtified independent public accountant requirements substantially similar state law or regulation?	ancial 3 FRB	NAIC Comproduction Code	Yes[] Yes[] Yes[] Yes[]	State of Domicile No [X] No [X] No [X] No [X] No [X]
6.1 6.2 7.1 7.2 8.1 8.2 8.3 8.4	Has the reby any go If yes, giv Does any If yes, 7.21 7.22 Is the con If respons Is the con If the respregulatory Corporation What is the BAKER Has the ir as allowe If the response If the response Is the control of the response Is the respectation Is the response Is the response Is the response Is the	Name of Entity Peporting entity had any Certificates of Authority, licenses or registrations (including corporate overnmental entity during the reporting period? re full information: If foreign (non-United States) person or entity directly or indirectly control 10% or more of the State the percentage of foreign control State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or recattorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, in Nationality In Nationality In Nationality In Nationality (i.e. the Federal Reserve Board? See to 8.1 is yes, please identify the name of the bank holding company. In In Nationality (i.e. the Federal Reserve Board (FRB)), the Office of the Comptroller of the on (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primare on (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primare near and address of the independent certified public accountant or accounting firm retain NEWMAN & NOYES, LLC 280 FORE STREET PORTLAND, ME 04101 Insurer been granted any exemptions to the prohibited non-audit services provided by the certain Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or soonse to 10.1 is yes, provide information related to this exemption:	reporting entity? siprocal, the nationality of its manager or manager or attorney-in-fact). 2 Type of Enti n office) of any affiliates regulated by a federal fine Currency (OCC), the Federal Deposit Insurance ry federal regulator. 2 Location (City, State) ned to conduct the annual audit? rtified independent public accountant requirements substantially similar state law or regulation?	ancial 3 FRB	NAIC Comp. Cod	Yes[] Yes[] Yes[] Yes[]	State of Domicile No [X] No [X] No [X] No [X] No [X]

PART 1 - COMMON INTERROGATORIES

10.5 10.6	Has the reporting entity established an Au If the response to 10.5 is no or n/a, please	dit Committee in compliance with the domiciliary state inse	urance laws?	Yes[X]	No []	N/A []
	What is the name, address and affiliation (of the individual providing the statement o	(officer/employee of the reporting entity or actuary/consult f actuarial opinion/certification?	ant associated with an actuarial consulting firm)			
12.1			estate indirectly?		Yes[]	No [X]
	· ·	mpany				0
	·	alue		\$		0
12.2	If yes, provide explanation			·		_
			trustees of the reporting entity?			
13.2	Does this statement contain all business to	ransacted for the reporting entity through its United States	Branch on risks wherever located?		Yes[]	No []
					Yes[]	No []
	, , , .	, , , , ,	per or controller, or nersons performing similar	Yes[]	No[]	N/A []
17.1	functions) of the reporting entity subject to	a code of ethics, which includes the following standards?			Yes[X]	No []
			·	s;		
			be filed by the reporting entity,			
		violations to an appropriate person or persons identified in	the code; and			
1/11	,					
14.11	ii tile response to 14.1 is no, please expla	III.				
	functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relation (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code. If the response to 14.1 is no, please explain: Has the code of ethics for senior managers been amended? If the response to 14.2 is yes, provide information related to amendment(s). Have any provisions of the code of ethics been waived for any of the specified officers? If the response to 14.3 is yes, provide the nature of any waiver(s). Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?			Yes[]	No [X]	
What is the rame, address and affiliation (office/bemployee of the reporting onlity or activary/consultant associated with an advantal consulting film) of the individual proving the absterient of scharie is principle. IEEE ACTION (INC. INC. INC. INC. INC. INC. INC. INC.						
	* '	· '			Yes[]	No [X]
14.31	ii tile response to 14.5 is yes, provide tile	nature of any waiver(s).				
15.1		Letter of Credit that is unrelated to reinsurance where the	issuing or confirming bank is not on the SVO		Yes[X]	No []
15.2	If the response to 15.1 is yes, indicate the		nd the name of the issuing or confirming bank of		.00[//]	[]
	1				4	
		Issuing or Confirming Bank Name			Amount	
			UNREIMBURSED DEDUCTIBLE	\$	2	50,000
		BOARD OF DIRECT	ORS			
					Yes[X]	No []
					Yes[X]	No []
10.					Yes[X]	No []
		FINANCIAL				
	· · · · · · · · · · · · · · · · · · ·		ciples (e.g., Generally Accepted Accounting Principles)?		Yes[]	No [X]
20.1	• , ,	usive of Separate Accounts, exclusive of policy loans):		\$		0
						0
	20.13 Trustees, supreme or grand (F	raternal only)		\$		0
20.2	•	end of year (inclusive of Separate Accounts, exclusive of p	olicy loans):	¢.		0
				φ		0
	20.23 Trustees, supreme or grand (F	raternal only)				0
21.1		nt subject to a contractual obligation to transfer to another	party without the liability for such obligation		Yes[]	No [Y]
21.2	• . •	ber 31 of the current year:			165[]	No [X]
	21.21 Rented from others	·		\$		0
				-		0
				\$		0
22.1		assessments as described in the Annual Statement Instru	actions other than guaranty fund or	Ψ		
22.2	•		·		Yes[]	No [X]
ZZ.Z	n answer is ves:					
	•	adjustment		\$		0
	22.21 Amount paid as losses or risk a	adjustment				0
	22.21 Amount paid as losses or risk a	adjustment				

PART 1 - COMMON INTERROGATORIES

23.2	If yes, in	dicate any amounts receivable from parent included	in the Page 2 amount:		\$		0	
			INVESTMENT					
24.01		the stocks, bonds and other securities owned Decer tual possession of the reporting entity on said date (mber 31 of current year, over which the reportin			Yes[X]	No []	
24.02	If no, giv	e full and complete information, relating thereto:						
24.03		rity lending programs, provide a description of the prising carried on or off-balance sheet (an alternative is						
24.04		company's security lending program meet the requ	• • •	in the Risk-Based Capital Instructions?	Yes[]	No []	N/A [X]	
24.05		er to 24.04 is yes, report amount of collateral for conf	0.0		\$		0	
24.06		er to 24.04 is no, report amount of collateral for other	. •		\$		0	
24.07	Does you	ur securities lending program require 102% (domest ntract?	ic securities) and 105% (foreign securities) from	n the counterparty at the outset	Yes[]	No[]	N/A [X]	
24.08	Does the	reporting entity non-admit when the collateral recei	ved from the counterparty falls below 100%?		Yes[]	No[]	N/A [X]	
24.09.		reporting entity or the reporting entity's securities le securities lending?	nding agent utilize the Master Securities Lendin	ng Agreement (MSLA) to	Yes[]	No[]	N/A [X]	
24.10		eporting entity's security lending program, state the	amount of the following as of December 31 of th	ne current year.	103[]	NO[]	WA[X]	
24.10		Total fair value of reinvested collateral assets report	•	io dull'olit your.	\$		0	
		24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:						
		Total payable for securities lending reported on the			<u>\$</u> \$		0	
25.1	Were an	y of the stocks, bonds or other assets of the reporting orting entity or has the reporting entity sold or trans subject to Interrogatory 21.1 and 24.03.)	g entity owned at December 31 of the current y		'	Yes[X]	No []	
25.2	If yes, sta	ate the amount thereof at December 31 of the currer	nt year:					
	25.21	Subject to repurchase agreements			\$		0	
	25.22	Subject to reverse repurchase agreements			\$		0	
	25.23	Subject to dollar repurchase agreements			\$		0	
	25.24	Subject to reverse dollar repurchase agreements			\$		0	
	25.25	Placed under option agreements			\$		0	
	25.26	Letter stock or securities restricted as sale – exclud	ing FHLB Capital Stock		\$		0	
	25.27	\$		0				
	25.28	\$	19	99,281				
	25.29	On deposit with other regulatory bodies			\$		0	
	25.30	Pledged as collateral – excluding collateral pledged	to an FHLB		\$		0	
	25.31	Pledged as collateral to FHLB – including assets ba	acking funding agreements		\$		0	
	25.32	Other			\$		0	
25.3	For cate	gory (25.26) provide the following:	,					
		1 Nature of Restriction	Des	2 cription		3 Amount		
		Nataro di Nochionori	300	onphon	\$	7 tillouit		
26.1	Does the	reporting entity have any hedging transactions repo	orted on Schedule DB?			Yes[]	No [X]	
26.2	If yes, ha	s a comprehensive description of the hedging progr		e?	Yes[]	No[]	N/A [X]	
Lines 2		ach a description with this statement. gh 26.5: FOR LIFE/FRATERNAL REPORTING EN	TITIES ONLY:					
26.3		reporting entity utilize derivatives to hedge variable		results of interest rate sensitivity?		Yes[]	No []	
26.4	26.41	ponse to 26.3 is yes, does the reporting entity utilize Special accounting provision of SSAP No. 108				Yes[]	No []	
	26.42	Permitted accounting provision of 33AF No. 106				Yes[]	No[]	
		Other accounting guidance				Yes []	No[]	
26.5		nding yes to 26.41 regarding utilizing the special acc	counting provisions of SSAP No. 108, the repor	ting entity attests to the following:		Yes[]	No[]	
		e reporting entity has obtained explicit approval from		ang chan, ancore to the remaining.			[]	
	• He	dging strategy subject to the special accounting pro-	visions is consistent with the requirements of VI	M-21.				
		tuarial certification has been obtained which indicate						
		serves and provides the impact of the hedging strate	•	·				
		definition of a Clearly Defined ng used by the company in its						
27.1	Were an		Yes[]	No [X]				
27.2	If yes, st	\$	100[]	0				
28.		g items in Schedule E-Part 3-Special Deposits, real				_	_	
	custodia	aults or safety deposit boxes, were all stocks, bonds agreement with a qualified bank or trust company in I Functions, Custodial or Safekeeping Agreements of	n accordance with Section 1, III - General Exam	ination Considerations, F. Outsourcing		Yes[X]	No []	
	28.01	For agreements that comply with the requirements	of the NAIC Financial Condition Examiners Har	ndbook, complete the following:				
		1	stadian/a\	2 Custodian's As	الماسم م			
		Name of Cus	Signatural (S)	Custodian's Ac				
	00.00	BROWN BROTHERS HARRIMAN & CO.	income to of the MAIO 51	140 BROADWAY NEW YORK, NY 10005	1101			
	28.02	For all agreements that do not comply with the requ	illerilents of the INAIC Financial Condition Exam	illiers Hariabook, provide the name,				

location and a complete explanation

PART 1 - COMMON INTERROGATORIES

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

28 03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

No[X] Yes []

28.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

28 05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].

	1	2
	Name of Firm or Individual	Affiliation
BROWN B	BROTHERS HARRIMAN & CO.	U

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes[X] No[]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information 28.06

Yes[X] No[]

for the table below

1	2	3	4	5
			Registered	Investment Management
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	With	Agreement (IMA) Filed
104487	BROWN BROTHERS HARRIMAN & CO.		NOT REGISTER ED	DS

Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and 29.1 Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes[X] No[]

29.2 If ves. complete the following schedule

29.3

30.

),	. you, complete and temperature										
1 CUSIP			2 Name of Mutual Fund		Book/A	3 Adjusted Carrying Value					
316071	10	9	FIDELITY CONTRAFUND		\$	232,666					
316389	30	3	FIDELITY BLUE CHIP GROWTH		\$	8,192					
316389	40	9	FIDELITY DIVIDEND GROWTH		\$	17,618					
29.2999 1	OTAL				\$	258,476					

For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund	2 Name of Significant Holding	Book/Ad	3 of Mutual Fund's djusted Carrying ttributable to the	4
(from above table)	of the Mutual Fund		Holding	Date of Valuation
FIDELITY CONTRAFUND	FACEBOOK, INC. CLASS A	\$	17,450	12/31/2019
FIDELITY CONTRAFUND	AMAZON.COM, INC.	\$	15,123	12/31/2019
FIDELITY CONTRAFUND	MICROSOFT CORP	\$	13,029	12/31/2019
FIDELITY CONTRAFUND	BERKSHIRE HATHAWAY, INC. CLASS A	\$	12,797	12/31/2019
FIDELITY CONTRAFUND	VISA, INC. CLASS A	\$	9,074	12/31/2019
FIDELITY BLUE CHIP GROWTH	APPLE, INC.	\$	614	12/31/2019
FIDELITY BLUE CHIP GROWTH	ALPHABET, INC. CLASS A	\$	582	12/31/2019
FIDELITY BLUE CHIP GROWTH	AMAZON.COM, INC.	\$	541	12/31/2019
FIDELITY BLUE CHIP GROWTH	MICROSOFT CORP	\$	467	12/31/2019
FIDELITY BLUE CHIP GROWTH	FACEBOOK, INC. CLASS A	\$	344	12/31/2019
FIDELITY DIVIDEND GROWTH	BERKSHIRE HATHAWAY, INC. CLASS B	\$	1,251	12/31/2019
FIDELITY DIVIDEND GROWTH	GENERAL ELECTRIC CO.	\$	1,163	12/31/2019
FIDELITY DIVIDEND GROWTH	COMCAST CORP. CLASS A	\$	934	12/31/2019
FIDELITY DIVIDEND GROWTH	APPLE, INC.	\$	793	12/31/2019
FIDELITY DIVIDEND GROWTH	BANK OF AMERICA, CORP.	\$	722	12/31/2019

Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1		2		3	
					-	ess of Statement over Fair	
					Value (-), or Fair Value over		
		Statement (Admitted) Value	Fair Value		Statement (+)		
30.1	Bonds	\$ 247,894,634	\$	259,327,308	\$	11,432,674	
30.2	Preferred Stocks	\$ 0	\$	0	\$	0	
30.3	Totals	\$ 247,894,634	\$	259,327,308	\$	11,432,674	

30.4 Describe the sources or methods utilized in determining the fair values:

SVO prices were used to determine the fair value for securities if the prices were available within time contraints. For those bonds that didn't have SVO prices, fair values were obtained from Brown Brothers Harriman & Co. who serves as both investment advisor and custodian.

31 1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]

PART 1 - COMMON INTERROGATORIES

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic Yes[X] No[] copy) for all brokers or custodians used as a pricing source? 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D: 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[] 32.2 By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security: 33. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security b. Issuer or obligor is current on all contracted interest and principal payments. The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities? Yes[] No[X] By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: The security was purchased prior to January 1, 2018. a. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. b. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is C. shown on a current private letter rating held by the insurer and available for examination by state insurance regulators. The reporting entity is not permitted to share this credit rating of the PL security with the SVO. d Has the reporting entity self-designated PLGI securities? Yes[] No[X] 35 By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund: a. The shares were purchased prior to January 1, 2019. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. b. C. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019. The fund only or predominantly holds bonds in its portfolio. d. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP e. in its legal capacity as an NRSRO. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed. f. Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes[] No[X] OTHER 36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? 167,228 36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement. Name Amount Paid INSURANCE SERVICES OFFICE, INC. \$ 101,611 MPLA 42,924 37 1 82,107 Amount of payments for legal expenses, if any? \$ 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement. Name **Amount Paid** VERRILL DANA, LLP \$ 33 055 MORRISON MAHONEY LLP \$ 41,668 18,995 38.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in 38.2 connection with matters before legislative bodies, officers or departments of government during the period covered by this statement 1 Name **Amount Paid** SOLTAN BASS, LLP 17,865

business.

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does th	ne reporting entity have any direct Medicare Supplement Insurance in to	orce?			Yes[]	No [X]
1.2	If yes, i	ndicate premium earned on U.S. business only.			\$		0
1.3	What p	ortion of Item (1.2) is not reported on the Medicare Supplement Insuran	nce Experience Exhibit?		\$		0
	1.31	Reason for excluding:					
		•					
1.4	Indicate	e amount of earned premium attributable to Canadian and/or Other Alie	en not included in Item (1.2) above		\$		0
1.5		e total incurred claims on all Medicare Supplement insurance.	77 TIOC INGIGGGG III TOTT (1.2) GBOTO.		\$		0
					Ф		
1.6		ual policies:					
	Most c	urrent three years:					
	1.61	Total premium earned			\$		0
	1.62	Total incurred claims			\$		0
	1.63	Number of covered lives					0
	-	rs prior to most current three years:			•		•
	1.64	Total premium earned			\$		0
	1.65	Total incurred claims			\$		0
	1.66	Number of covered lives					0
1.7	Group	policies:					
•••		urrent three years:					
		•			œ.		0
	1.71	Total premium earned			\$		0
	1.72	Total incurred claims			\$		0
	1.73	Number of covered lives					0
	All year	rs prior to most current three years:					
	1.74	Total premium earned			\$		0
	1.75	Total incurred claims			<u> </u>		
					p		0
	1.76	Number of covered lives					0
2.	Health	Test:					
			1		2		
			Current Year	Pr	ior Year		
	2.1	Premium Numerator	\$ 0	\$	0		
	2.2	Premium Denominator	\$ 34,400,980	\$	35,743,714		
	2.3	Premium Ratio (2.1/2.2)	0.0%	·		0%	
				<u> </u>			
	2.4	Reserve Numerator	\$ 0	\$	0		
	2.5	Reserve Denominator	\$ 114,573,173	\$	113,562,811		
	2.6	Reserve Ratio (2.4/2.5)	0.0%		0.	0%	
3.1	Does th	ne reporting entity issue both participating and non-participating policies	<u></u>			Yes[]	No[X]
3.2		state the amount of calendar year premiums written on:					
0.2	•	Participating policies			\$		0
	3.21				·		
	3.22	Non-participating policies			\$		0
4.	FOR M	UTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES OF	NLY:				
	4.1	Does the reporting entity issue assessable policies?				Yes[]	No [X]
	4.2	Does the reporting entity issue non-assessable policies?				Yes[X]	No[]
	4.3	If assessable policies are issued, what is the extent of the contingent	liability of the policyholders?				%
	4.4	Total amount of assessments paid or ordered to be paid during the year	, , ,		\$		0
_		ECIPROCAL EXCHANGES ONLY:	car on apposit notes of contangent premiums.		Ψ		
5.							
	5.1	Does the exchange appoint local agents?				Yes[]	No[]
	5.2	If yes, is the commission paid:					
		5.21 Out of Attorney's-in-fact compensation			Yes[]	No []	N/A []
		5.22 As a direct expense of the exchange			Yes[]	No []	N/A []
	5.3	What expenses of the exchange are not paid out of the compensation	n of the Attorney-in-fact?				
			•				
	5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of ce	ertain conditions, been deferred?			Yes[]	No[]
	5.5	If yes, give full information:					
	0.0	, 500, g. 10 14					
6.1	What n	rovision has this reporting entity made to protect itself from an excessive	re loss in the event of a catastrophe under a workers' compe	nsation			
		et issued without limit of loss?	,				
	Not ap	plicable - The Company does not issue workers' compensation policiies	<u>s.</u>				
6.2	Describ	be the method used to estimate this reporting entity's probable maximur	m insurance loss, and identify the type of insured exposures	comprising			
		obable maximum loss, the locations of concentrations of those exposure	es and the external resources (such as consulting firms or co	mputer			
		re models), if any, used in the estimation process:	tration limitation and alask account Madical and	at the bitter.			
		um loss exposure per claim is limited by reinsurance treaty loss retige in ME, MA, NH and VT comprise the most significant risk of loss.					
	actuan	ge in ME, MA, NH and VT comprise the most significant risk of loss. v, Milliman, Inc.	. Onimate 100000 are commuted in Cooperation with the C	σπραπή δ			
6.3	-		on program) to protect itself from an exposeive loss crising for	om the turns			
U.J		rovision has this reporting entity made (such as catastrophic reinsurand ncentrations of insured exposures comprising its probable maximum pro		om me types			
		in excess of contractually established retention limits are reinsured and					
6.4		ne reporting entity carry catastrophe reinsurance protection for at least c		ited			
		le maximum loss attributable to a single loss event or occurrence?	, J			Yes[]	No [X]
6.5	If no. d	escribe any arrangements or mechanisms employed by the reporting er	ntity to supplement its catastrophe reinsurance program or t	o hedge its			
	exposu	re to unreinsured catastrophic loss:		•			
	The Co	ompany writes only medical professional liability policies with related	I coverage. Catastrophe insurance is not applicable to the	nis line of			

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

7.1	limit the	reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or illar provisions)?		Yes[]	No [X]
7.2	If yes, i	ndicate the number of reinsurance contracts containing such provisions.			0
7.3	If yes, o	loes the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?		Yes[]	No []
8.1		s reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss y occur on this risk, or portion thereof, reinsured?		Yes[]	No [X]
8.2		give full information		165[]	NO [X]
9.1	which of surplus than 5% contrac	e reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for uring the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the t(s) contain one or more of the following features or other features that would have similar results:			
	(a)	A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;			
	(b)	A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; Aggregate stop loss reinsurance coverage;			
	(d)	A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;			
	(e)	A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or			
	(f)	Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?		Yes[]	No [X]
9.2	with the result g and los arrange more u	e reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts as same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting reater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss is expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling rements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or naffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity mber where:			
	(a)	The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or			
	(b)	Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.		Yes[]	No [X]
9.3	If yes to	9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:			
	(a)	The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;			
	(b)	A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and			
9.4	ceded a	A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved for transactions meeting the requirements of paragraph 37 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the all statement, and either:	1.		
	(a)	Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or			
	(b)	Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?		Yes[]	No [X]
9.5	differen	9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated tly for GAAP and SAP.			
9.6		norting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:			
	(a)	The entity does not utilize reinsurance; or,		Yes[]	No [X]
	(b)	The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or		Yes[]	No [X]
40	(c)	The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.		Yes[]	No [X]
10.		porting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that ne original entity would have been required to charge had it retained the risks. Has this been done?	Yes[]	No[]	N/A [X]
11.1		reporting entity guaranteed policies issued by any other entity and now in force?		Yes[]	No [X]
11.2	If yes, o	give full information			
12.1		porting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the of corresponding liabilities recorded for:			
	12.11	Unpaid losses	\$		0
	12.12	Unpaid underwriting expenses (including loss adjustment expenses)	\$		0
12.2	Of the a	amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$		0
12.3	accepte	porting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes and from its insureds covering unpaid premiums and/or unpaid losses?	Yes[]	No []	N/A [X]
12.4	If yes, p	provide the range of interest rates charged under such notes during the period covered by this statement: From			0/
	12.41	To			<u>%</u> %
12.5	promiss	ers of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or sory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including losses under loss deductible features of commercial policies?		Yes[X]	
12.6	•	tate the amount thereof at December 31 of current year:			
		Letters of Credit	\$	25	50,000
		Collateral and other funds	\$		0
13.1	-	net aggregate amount insured in any one risk (excluding workers' compensation):	\$	75	50,000
13.2		ny reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a ement provision?		Yes[]	No [X 1

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.													13
14.1	Is the re	porting entity a cedant in a multi	ple cedant reins	urance c	ontrac	et?							Yes[]	No [X]
14.2	If yes, p	ease describe the method of allo	ocating and reco	ording rei	insura	nce among the c	edan	ts:						
14.3	If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?												Yes[]	No []
14.4	If the an	swer to 14.3 is no, are all the me	thods described	d in 14.2	entire	ly contained in w	ritten	agreements?					Yes[]	No []
14.5	If the answer to 14.4 is no, please explain:													
15.1	1 Has the reporting entity guaranteed any financed premium accounts?												Yes[]	No [X]
15.2	If yes, g	ve full information												
16.1	Does the	e reporting entity write any warra	nty business?										Yes[]	No [X]
	If yes, di	sclose the following information	for each of the f	ollowing	types	of warranty cove	rage	:						
			1			2		3		4	5			
			Direct Lo Incurre			Direct Losses Unpaid		Direct Written Premium		Direct Premium Unearned	Direct Premiu Earned	ım		
	16.11	Home	\$	0	\$	0	\$	0)	\$ 0	\$	0		
	16.12	Products	\$	0	\$	0	\$	0)	\$ 0	\$	0		
	16.13	Automobile	\$	0	\$	0	\$	0)	\$ 0	\$	0		
	16.14	Other*	\$	0	\$	0	\$	0)	\$ 0	\$	0		
	* Discl	ose type of coverage:												
17.1		e reporting entity include amount thorized reinsurance?	ts recoverable o	n unauth	orized	d reinsurance in S	Sche	dule F-Part 3 that i	is e	exempt from the statut	ory provision		Yes[]	No [X]
		but not reported losses on contra for unauthorized reinsurance. I	•					ently renewed are	exe	empt from the statutor	y			
	17.11	Gross amount of unauthorize	d reinsurance in	Schedu	le F-P	art 3 exempt fron	n the	statutory provision	n fo	or unauthorized reinsu	rance	\$		0
	17.12	Unfunded portion of Interroga	tory 17.11									\$		0
	17.13	Paid losses and loss adjustm	ent expenses po	ortion of I	Interro	gatory 17.11						\$		0
	17.14	Case reserves portion of Inter	rrogatory 17.11									\$		0
	17.15	Incurred but not reported port	tion of Interrogat	ory 17.1	1							\$		0
	17.16	Unearned premium portion of	f Interrogatory 1	7.11								\$		0
	17.17	Contingent commission portion	on of Interrogato	ry 17.11								\$		0
18.1	Do you a	act as a custodian for health sav	ings accounts?										Yes[]	No[X]
18.2	If yes, p	ease provide the amount of cus	todial funds held	as of th	e repo	orting date.						\$		0
18.3	Do you a	act as an administrator for health	savings accour	nts?									Yes[]	No [X]
18.4	If yes, pl	ease provide the balance of the	funds administe	red as o	f the r	eporting date.						\$		0
19.	Is the re	porting entity licensed or charted	d, registered, qua	alified, el	ligible,	or writing busine	ess in	at least 2 states?)				Yes[X]	No []
19.1	If no, do	es the reporting entity assume re	einsurance busir	ness that	cove	rs risks residing ir	n at le	east one state othe	er t	han the state of domic	cile of the reporting	entity?	Yes[]	No []

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine **FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	Snow amounts in whole dollars only, no cents; sn	1	2	3	4	5
	Out of Durations William (Durat A. Durat A. O. O.)	2019	2018	2017	2016	2015
	Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)	F2 7F7 402	40.005.070	40,000,074	40,000,000	40,000,044
	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
	Property lines (Lines 1, 2, 9, 12, 21 & 26) Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
		53,757,493	42,000,376	40,852,574	40,200,000	46,863,944
	Net Premiums Written (Page 8, Part 1B, Col. 6) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	40 000 774	24 075 054	24 502 400	20 242 007	37,325,973
	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
	Property lines (Lines 1, 2, 9, 12, 21 & 20)					
	· · · · · · · · · · · · · · · · · · ·					
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
	Total (Line 35)	40,098,771	31,875,654	34,503,466	36,343,697	37,325,973
	Statement of Income (Page 4)	44.040.440	470 400	204 200	4.050.070	0.047.000
	Net underwriting gain (loss) (Line 8)					
	Net investment gain (loss) (Line 11)				8,453,479	
	Total other income (Line 15)		37,683		53,878	86,182
	Dividends to policyholders (Line 17)		1,495,857		1,818,767	
	Federal and foreign income taxes incurred (Line 19)				1,584,263	
	Net income (Line 20)	12,791,493	7,496,678	6,446,629	6,762,600	7,075,709
	Balance Sheet Lines (Pages 2 and 3)					
	Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	341,192,015	309,676,450	312,776,517	297,222,733	281,576,169
	Premiums and considerations (Page 2, Col. 3):					
	20.1 In course of collection (Line 15.1)					
	20.2 Deferred and not yet due (Line 15.2)					
	20.3 Accrued retrospective premiums (Line 15.3)					
	Total liabilities excluding protected cell business (Page 3, Line 26)		129,296,716			
	Losses (Page 3, Line 1)		69,882,303	63,194,706	62,125,171	
	Loss adjustment expenses (Page 3, Line 3)		25,466,537		29,240,961	
	Unearned premiums (Page 3, Line 9)		18,213,971	22,082,031	21,456,623	21,637,043
	Capital paid up (Page 3, Lines 30 & 31)					
26.	Surplus as regards policyholders (Page 3, Line 37)	202,025,999	180,379,734	178,308,965	165,815,989	157,551,044
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	14,398,984	3,938,160	8,920,892	12,069,325	14,367,116
	Risk-Based Capital Analysis					
	Total adjusted capital		180,379,734			
29.	Authorized control level risk-based capital	9,373,609	8,988,646	9,485,514	8,775,782	7,874,941
	Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
	Bonds (Line 1)					
31.	Stocks (Lines 2.1 & 2.2)	17.6	14.9	17.6	15.4	15.1
32.	Mortgage loans on real estate (Lines 3.1 & 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
	Cash, cash equivalents and short-term investments (Line 5)					
35.	Contract loans (Line 6)					
36.	Derivatives (Line 7)					
	Other invested assets (Line 8)					
	Receivables for securities (Line 9)					
39.	Securities lending reinvested collateral assets (Line 10)					
40.	Aggregate write-ins for invested assets (Line 11)					
	Cash, cash equivalents and invested assets (Line 12)					
	Investments in Parent, Subsidiaries and Affiliates					
42.	Affiliated bonds (Sch. D, Summary, Line 12, Col. 1)					
	Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
	Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
	Affiliated short-term investments					
	(subtotals included in Schedule DA, Verification, Column 5, Line 10)					
	Affiliated mortgage loans on real estate					
	All other affiliated					
	Total of above lines 42 to 47					
	Total investment in parent included in Lines 42 to 47 above					
	Percentage of investments in parent, subsidiaries and affiliates to surplus					
	as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0 0

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine **FIVE-YEAR HISTORICAL DATA**

(Continued)

	(Contin	nuea)				
		1	2	3	4	5
		2019	2018	2017	2016	2015
	Capital and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)	10,864,153	(7,027,747)	7,360,896	2,756,893	(1,096,932
52.	Dividends to stockholders (Line 35)					
53.	Change in surplus as regards policyholders for the year (Line 38)	21,646,265	2,070,769	12,492,976	8,264,945	6,378,837
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	13,402,789	19,069,662	28,804,328	11,027,143	6,307,944
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59.	Total (Line 35)	13,402,789	19,069,662	28,804,328	11,027,143	6,307,944
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	10,800,468	14,556,684	15,420,709	10,292,902	6,045,399
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65.	Total (Line 35)	10,800,468	14,556,684	15,420,709	10,292,902	6,045,399
	Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67.	Losses incurred (Line 2)	18.3	59.4	48.7	47.4	36.7
68.	Loss expenses incurred (Line 3)	22.5	12.6	21.6	22.8	16.9
69.	Other underwriting expenses incurred (Line 4)	26.2	27.4	27.3	25.1	26.8
70.	Net underwriting gain (loss) (Line 8)	33.0	0.5	2.5	4.5	19.6
	Other Percentages					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15					
	divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	22.4	30.6	26.7	25.2	24.8
72.	Losses and loss expenses incurred to premiums earned					
	(Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	40.8	72.1	70.3	70.2	53.6
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0)	19.8	17.7	19.4	21.9	23.7
	One Year Loss Development (\$000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(12,811)	(2,363)	(5,620)	(4,008)	(10,626
75.	Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100)	(7.1)	(1.3)	(3.4)	(2.5)	(7.0
	Two Year Loss Development (\$000 omitted)					
76.	Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12)	(13,450)	(11,341)	(9,535)	(11,341)	(23,554
77.	Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior-year end	/7.5\	(0.0)	/O.43	/7.5	/40
	(Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	J(1.5)	(b.8)	(b.1)	(7.5)	ı(16. <i>°</i>

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No [] If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

					•	•						
	F	Premiums Earne	d			Loss and	Loss Expense	Payments				12
Years in Which	1	2	3			Defense	Defense and Cost Adjusting and Other			10	11	Number
Premiums				Loss Pa	ayments	Containme	Containment Payments		Payments			of
Were				4	5	6	7	8	9	Salvage	Total	Claims
Earned and	Direct			Direct		Direct		Direct		and	Net Paid	Reported-
Losses Were	and		Net	and		and		and		Subrogation	(Cols. 4 - 5 +	Direct and
Incurred	Assumed	Ceded	(Cols. 1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	6 - 7 + 8 - 9)	Assumed
1. Prior	XXX	XXX	XXX			1		5			6	XXX
2. 2010	49,730	11,049	38,681	16,765	3,475	6,384	251	2,688			22,111	XXX
3. 2011	50,183	9,915	40,268	11,567	1,900	6,150	134	2,868			18,551	XXX
4. 2012	45,343	9,471	35,872	12,422	2,850	5,078	193	2,652			17,109	XXX
5. 2013	43,641	8,276	35,365	17,256	7,025	4,709	508	2,567			16,999	XXX
6. 2014	42,522	7,944	34,578	8,464	63	4,117	11	2,281			14,788	XXX
7. 2015	42,931	8,071	34,860	12,486	1,403	4,224	104	2,721			17,924	XXX
8. 2016	46,569	10,045	36,524	11,548	2,671	4,430	290	2,430			15,447	XXX
9. 2017	46,045	12,167	33,878	5,332	1,307	3,145	99	2,614			9,685	XXX
10. 2018	47,008	11,264	35,744	1,031	89	2,047	217	1,847			4,619	XXX
11. 2019	46,249	11,848	34,401	188		472		1,251			1,911	XXX
12. Totals	XXX	XXX	XXX	97,059	20,783	40,757	1,807	23,924	0	0	139,150	XXX

	1								م مائد مائد م		00	0.4	٥٢
		Loccoc	Unpaid		Defer	nea and Coet (Containment I	Innaid	Adjusting	and Other paid	23	24 Total	25
	Case	Basis		- IBNR	Defense and Cost Containment Unpaid Case Basis Bulk + IBNR				21	22		Net	Number of
	13	14	15	16	17	18	19	20			Salvage	Losses	Claims
	Direct		Direct		Direct		Direct		Direct		and	and	Outstanding-
	and		and		and		and		and		Subrogation	Expenses	Direct and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1. Prior												0	XXX
2. 2010												0	XXX
3. 2011	252		202		48		67		41			610	XXX
4. 2012	200		264		48		88		46			646	XXX
5. 2013	225		446		63		149		71			954	XXX
6. 2014	1,127		977	551	179		268	1	184			2,183	XXX
7. 2015	990		1,899	751	244		407	9	283			3,063	XXX
8. 2016	7,203	2,052	5,217	2,112	634	83	866	71	970			10,572	XXX
9. 2017	22,643	12,323	11,828	5,222	2,131	85	2,257	363	2,567			23,433	XXX
10. 2018	8,828	1,951	15,426	5,809	1,379	221	3,663	278	2,347			23,384	XXX
11. 2019	4,740		19,054	5,388	950		4,220	295	2,535			25,816	XXX
12. Totals	46,208	16,326	55,313	19,833	5,676	389	11,985	1,017	9,044	0	0	90,661	XXX

_												
							•			34		
			Total Losses and			Loss Expense P		Nonta				nce Sheet
			s Expenses Incu		(Incurred/Premiums Earned)				Discount			ter Discount
		26	27	28	29	30	31	32	33	Inter-Company	35	36
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
ļ		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	0	0
	2. 2010.	25,837	3,726	22,111	52.0	33.7	57.2				0	0
	3. 2011.	21,195	2,034	19,161	42.2	20.5	47.6				454	156
	4. 2012.	20,798	3,043	17,755	45.9	32.1	49.5				464	182
	5. 2013.	25,486	7,533	17,953	58.4	91.0	50.8				671	283
	6. 2014.	17,597	626	16,971	41.4	7.9	49.1				1,553	630
	7. 2015.	23,254	2,267	20,987	54.2	28.1	60.2				2,138	925
	8. 2016.	33,298	7,279	26,019	71.5	72.5	71.2				8,256	2,316
	9. 2017.	52,517	19,399	33,118	114.1	159.4	97.8				16,926	6,507
	10. 2018.	36,568	8,565	28,003	77.8	76.0	78.3				16,494	6,890
	11. 2019.	33,410	5,683	27,727	72.2	48.0	80.6				18,406	7,410
	12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	65,362	25,299

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine

SCHEDULE P - PART 2 - SUMMARY

		Incurre	ed Net Losses a	and Defense an	d Cost Containr	ment Expenses	Reported at Ye	ar End (\$000 o	mitted)		DEVELO	DPMENT
	1	2	3	4	5	6	7	8	9	10	11	12
Years in Which												
Losses Were Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year
1. Prior	65,349	50,839	44,782	38,576	35,966	34,626	36,088	35,777	35,847	35,776	(71)	(1)
2. 2010	34,338	29,491	26,956	23,389	19,975	18,966	19,699	19,530	19,424	19,423	(1)	(107)
3. 2011	XXX	30,664	28,194	22,392	19,414	19,271	19,180	16,739	16,470	16,252	(218)	(487)
4. 2012	XXX	XXX	28,652	23,376	20,747	18,394	17,954	15,665	14,859	15,057	198	(608)
5. 2013	XXX	XXX	XXX	24,386	20,110	17,308	15,597	17,270	15,243	15,315	72	(1,955)
6. 2014	XXX	XXX	XXX	XXX	22,516	19,537	18,869	15,716	14,793	14,506	(287)	(1,210)
7. 2015	XXX	XXX	XXX	XXX	XXX	26,694	23,401	24,564	24,476	17,983	(6,493)	(6,581)
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	26,400	26,307	24,735	22,619	(2,116)	(3,688)
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,750	30,108	27,937	(2,171)	1,187
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,533	23,809	(1,724)	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,941	XXX	XXX
										12. Totals	(12,811)	(13,450)

SCHEDULE P - PART 3 - SUMMARY

Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)												
		Cumulativ	e Paid Net Loss	ses and Defense	e and Cost Con	tainment Exper	ises Reported a	t Year End (\$00	00 omitted)		11	12
	1	2	3	4	5	6	7	8	9	10		Number of
											Number of	Claims
Years in											Claims	Closed
Which											Closed With	Without
Losses Were											Loss	Loss
Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Payment	Payment
1. Prior	000	14,502	25,410	30,697	33,859	34,255	34,351	35,775	35,775	35,776	XXX	XXX
2. 2010	1,385	6,262	9,231	13,865	17,681	17,924	18,714	19,424	19,424	19,423	XXX	XXX
3. 2011	XXX	578	3,965	7,797	8,616	11,080	14,097	15,126	15,225	15,683	XXX	XXX
4. 2012	XXX	XXX	602	4,013	6,687	8,153	10,159	12,446	14,452	14,457	XXX	XXX
5. 2013	XXX	XXX	XXX	599	2,855	5,158	6,009	9,622	13,820	14,432	XXX	XXX
6. 2014	XXX	XXX	XXX	XXX	736	2,426	6,504	9,641	12,028	12,507	XXX	XXX
7. 2015	XXX	XXX	XXX	XXX	XXX	1,592	4,979	8,561	13,360	15,203	XXX	XXX
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX	524	4,460	7,416	13,017	XXX	XXX
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	598	2,929	7,071	XXX	XXX
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	867	2,772	XXX	XXX
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	660	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)												
			Bulk and	d IBNR Reserves of	on Net Losses and	Defense and Cos	t Containment Exp	penses Reported a	at Year End (\$000	omitted)			
	•	1	2	3	4	5	6	7	8	9	10		
	ears in Which ses Were												
- II	ncurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1.	Prior	36,293	14,068	5,898	1,914	389	129	39					
2.	2010	23,265	15,292	8,216	2,961	951	230	123					
3.	2011	XXX	23,817	15,160	8,022	3,014	849	579	161	21	269		
4.	2012	XXX	XXX	19,526	10,770	5,551	3,023	1,170	513	151	352		
5.	2013	XXX	XXX	XXX	17,366	8,547	5,151	2,267	1,353	241	595		
6.	2014	XXX	XXX	XXX	XXX	16,056	8,385	5,691	2,875	977	693		
7.	2015	XXX	XXX	XXX	XXX	XXX	18,023	10,220	5,964	4,058	1,546		
8.	2016	XXX	XXX	XXX	XXX	XXX	XXX	19,965	12,731	8,251	3,900		
9.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,091	14,593	8,500		
10.	2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,648	13,002		
11.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,591		

Annual Statement for the year 2019 of the Medical Mutual Insurance Company of Maine SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

				Allocated by	States and					
		1	Membership Fees Le and Premiums on	ncluding Policy and ess Return Premiums Policies Not Taken	4 Dividends Paid or Credited	5 Direct Losses	6	7	8 Finance and Service	9 Direct Premiums Written for Federal Pur- chasing Groups (Incl. in Col. 2)
	States, Etc.	Active Status (a)	2 Direct Premiums Written	3 Direct Premiums Earned	to Policyholders on Direct Business	Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Charges not Included in Premiums	
1.	AlabamaAL	N								
2.	AlaskaAK	N								
3.	ArizonaAZ	N								
4.	ArkansasAR	N								
5.	CaliforniaCA	N								
6.	ColoradoCO	N								
7.	ConnecticutCT	N								
8.	DelawareDE	N								
9.	District of ColumbiaDC	N								
10.	FloridaFL	N								
11.	GeorgiaGA									
12.	HawaiiHI									
13.	IdahoID	N								
14.	IllinoisIL	N								
15.	IndianaIN	N								
16.	lowaIA									
17.	KansasKS	N								
18.	KentuckyKY	N								
	'E'	N								
19. 20.			37,946,566	32,457,632	1,330,277	5,060,460	7,980,876	65,751,086	19,960	
		L								
21.	MarylandMD		1 570 062	607.232	2 006		072.002	220 405	350	
22.	MassachusettsMA		1,570,063	, .	3,806		273,083	330,485	350	
	MichiganMI									
24.	MinnesotaMN	N								
25.	MississippiMS	N								
26.	MissouriMO	N								
27.	MontanaMT	N								
28.	NebraskaNE									
29.	NevadaNV	N								
30.	New HampshireNH	L	7,036,124	6,200,632	225,850	4,913,231	7,566,421	17,516,612	2,855	
31.	New JerseyNJ	N								
32.	New MexicoNM	N								
33.	New YorkNY	N								
34.	North CarolinaNC	N								
35.	North DakotaND									
36.	OhioOH	N								
37.	OklahomaOK	N								
38.	OregonOR									
39.	PennsylvaniaPA									
	Rhode IslandRI									
41.	South CarolinaSC									
42.	South DakotaSD									
43.	TennesseeTN	N								
44.	TexasTX									
45.	UtahUT		7 204 740	0.075.500	005.000	2 400 000	7 440 000	17.000.440	0.070	
46.	VermontVT		7,204,740	6,975,599	235,822	3,429,098	7,440,389	17,922,413	2,370	
47.	VirginiaVA									
48.	WashingtonWA									
49.	West VirginiaWV									
50.	WisconsinWI									
51.	WyomingWY									
52.	American SamoaAS									
53.	GuamGU									
54.	Puerto RicoPR	N								
55.	US Virgin IslandsVI	N								
56.	Northern Mariana IslandsMP	N								
57.	CanadaCAN	N								
58.	Aggregate Other AlienOT	XXX	0	0	0	0	0	0	0	0
59.	Totals	XXX	53,757,493	46,241,095	1,795,755	13,402,789	23,260,769	101,520,596	25,535	0
E0004		VVV		DETA	ILS OF WRITE-IN					
58001.		XXX								
		XXX								
58003.		XXX								
58998.	Summary of remaining write-ins for	1001	_	_	_		_		_	_
	Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
E0000	Totala (Lines 50004 # 50000			i e		i .	1	i		i .
58999.	Totals (Lines 58001 thru 58003+	VVV	^	^	^	^	^	^	^	^
	Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above) Active Status Counts:	XXX	0	0	0	0	0	0	0	0

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state 0

Q - Qualified - Qualified or accredited reinsurer... N - None of the above - Not allowed to write business in the state... PART 1 – ORGANIZATIONAL CHART

MEDICAL MUTUAL INSURANCE COMPANY OF MAINE FEIN #01-0355669

NAIC Company Code: 36277 ME

SPECIALTY INSURANCE PLACEMENT SERVICES, LLC FEIN #94-3414988 100%

2019 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

Section 1.5 Section 1.	Assets	2	Schedule P-Part 2H-Section 1-Other Liability-Occurrence	58
Description for increases				58
Description for the memory and the property of the property				59
Clear A. P. Freight C. And Security Security Print A. P. College S			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	59
For Year Friend State			Schedule P-Part 2K-Fidelity, Surety	59
General International Content of the Content of the Personal Content of the Personal Content of the Content of the Personal Content of the				59
Land Holes Company and Christ Country and Christian Country				
James Programmer Programmer James Ja	Ÿ			
Need To Prince Whether 10 Secolar Prince Secolar Prince Secolar Seco				
Option Principle Company Com				
Section 1-Part				61
Sentia A-Port Schedule Vision		E01	Schedule P–Part 2S–Financial Guaranty/Mortgage Guaranty	61
Senda F. Avrillant Internation Section S	Schedule A–Part 2	E02	Schedule P–Part 2T–Warranty	61
Stock to F-6/11 Sept. Se	Schedule A-Part 3			62
Stock of F-P472 500 Stock of F-P473 500 Stock of F-P473 500				62
Sention DeVertication Review Years 102 Sention DeVertication Review Years 103 Sention DeVertication Review Years 104 Sention Devertication Review Years 105 Sention Review Years 105 Senting Review Years 105 Senting Review Years 105 Senting Review				
Serona De Verlande Enteren Years 922 Selection P P 4017 Section 1 - Medical Protection Section Comments 923 Selection P P 4017 Section Comments 923 Selection P P 4017 Section Comments 924 Selection P P 4017 Section Comments 924 Selection P P 4017 Section Comments 925 Selection P 4017 Section P 4017 Section Comments 925 Selection P 4017 Section Comments 925 Selection P 4017 Section Comments 925 Selection P 4017 Section P 401				_
Sprace Part 1 1 1 1 1 1 1 1 1				
Servicia Description			•	
Serelat De Part Control Co				63
Section 19-11 Section 19-12 Section 19-1	Schedule BA-Part 3	E09		63
Stable Perf Note Note Stable Perf Note Not	Schedule BA-Verification Between Years	SI03	Schedule P–Part 3H–Section 2–Other Liability–Claims-Made	63
Stability Christ Frederick State Stability State				64
Stability Print School				64
Strektis P-Hart 3			, ,	64
Strebule D-Part 4				
Sprodul D-Part C. Sprodul D-Pa				
Senola D-Part S-Section 1				65
Sebela De Part George Sector 2 510 Shorday Part Sector 2 511 Shorday Part Sector 2 512 Shorday Part Sector 2 513 Shorday Part Sector 2 514 Shorday Part Sector 2 515 Shorday Part Sector 2 516 Shorday Part Sector 2 517 Shorday Part Sector 2 518 Shorday Part Sector 2 519 Shorday Part Sector 2 510 Shorday Part Sector 2 511 Shorday Part Sector 2 512 Shorday Part Sector 2 513 Shorday Part Sector 2 514 Shorday Part Sector 2 515 Shorday Part Sector 2 516 Shorday Part Sector 2 517 Shorday Part Sector 2 518 Shorday Part Sector 2 519 Shorday Part Sector 2 510 Shorday Part Sector 2 511 Shorday Part Sector 2 512 Shorday Part Sector 2 513 Shorday Part Sector 2 514 Shorday Part Sector 2 515 Shorday Part Sector 2 516 Shorday Part Sector 2 517 Shorday Part Sector 2 518 Shorday Part Sector 2 519 Shorday Part Sector 2 510 Shorday Part Sector 2 510 Shorday Part Sector 2 510 Shorday Part Sector 2 511 Shorday Part Sector 2 512 Shorday Part Sector 2 513 Shorday Part Sector 2 514 Shorday Part Sector 2 515 Shorday Part Sector 2 516 Shorday Part Sector 2 517 Shorday Part Sector 2 518 Shorday Part Sector 2 519 Shorday Part Sector 2 510 Shorday Part Sector 2 510 Shorday Part Sector 2 510 Shorday Part Sector 2 511 Shorday Part Sector 2 512 Shorday Part Sector 2 513 Shorday Part Sector 2 514 Shorday Part Sector 2 515 Shorday Part Sector 2 516 Shorday Part Sector 2 517 Shorday Part Sector 2 518 Shorday Part Sector 2 519 Shorday Part Sector 2 510 Shorday Part				65
Sebeda D-American Glassen/Morago (Courty Should D-American Release (New York) Should				66
Serbeite De-Verlication Between Years Stroke De-Verlication De-Verlication Between Years Stroke De-Verlication De-Verlication De-Verlication De-Verlication D	Schedule D-Part 6-Section 2		Schedule P–Part 3R–Section 2–Products Liability–Claims-Made	66
Schedule D-Purel A-Ferreit of Memory Version (1997)				66
Servelus De-Part A-Section 1				66
Sended De-Part A-Section 1				67
Schedus B-P-Fart A-Station 2 Schedus B-P-Fart S-Station 1 Schedu				
Schedule D-Part B-Section 1 Section				
Schools B-Part B-Section 1				67
Schedule P-Part 4-Section 2-Merical Professional Libbility-Claims Nates 68				68
Sendelia DP-Part C-Section 1 S112 Schedula P-Part 41-Section 1-Other Lability-Cognerous	Schedule DB-Part B-Section 2	E21		68
Schedule Di-Part C-Section 2 Still Schedule Di-Part D-Section 2 Schedule D-Part D-Section	Schedule DB-Part B-Verification Between Years	SI11	Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	68
Schedule D-Part D-Section 1 522 Schedule D-Part D-Section 2 523 Schedule D-Part D-Section 3 524 Schedule D-Part D-Section 3 525 Schedule D-Part D-Section 3 525 Schedule D-Part D-Section 3 526 Schedule D-Part D-Section 3 526 Schedule D-Part D-Section 3 527 Schedule D-Part D-Section 3 528 Schedule D-Part D-Section 3 528 Schedule D-Part D-Section 3 528 Schedule D-Part D-Section 3 529 Schedule D-Part D-Section 3 529 Schedule D-Part D-Section 3 520 Schedule D-Part D-Section 3 521 Schedule D-Part D-Section 3 521 Schedule D-Part D-Section 3 522 Schedule D-Part D-Section 3 523 Schedule D-Part D-Section 3 523 Schedule D-Part D-Section 3 524 Schedule D-Part D-Section 3 525 Schedule D-Part D-Section 3 526 Schedule D-Part D-Section 3 526 Schedule D-Part D-Section 3 527 Schedule D-Part D-Section 3 527 Schedule D-Part D-Section 3 527 Schedule D-Part D-Section 3 528				68
Schedule D-Part D-Section 2 Schedule D-Part Section 2 Schedule D-Part Section 2 Schedule D-Part Section 2 Schedule D-Part Section 3 Schedule D-Part Sec				68
Scheduls DB-Part E Scheduls DB-Part K-Fodiny Christon S114 Scheduls D-Part 1 E25 Scheduls D-Part 1 E26 Scheduls D-Part 1 E27 Scheduls P-Part AN-Perturation - Nonpoportional Assumed Property 70 Scheduls P-Part AN-Perturation - Nonpoportional Assumed Property 71 Scheduls P-Part AN-Perturation - Nonpoportional Assumed Property 72 Scheduls P-Part C-Cam Equivalents E27 Scheduls P-Part AN-Perturation - Nonpoportional Assumed Property 73 Scheduls P-Part C-Cam Equivalents E28 Scheduls P-Part AN-Perturation - Nonpoportional Assumed Property 74 Scheduls P-Part AN-Perturation - Nonpoportional Assumed Property 75 Scheduls P-Part AN-Perturation - Nonpoportional Assumed Property 76 Scheduls P-Part AN-Perturation - Nonpoportional Assumed Property 77 Scheduls P-Part AN-Perturation - Nonpoportional Assumed Property 78 Scheduls P-Part AN-Restor an-Prototic Libellity-Courrence 78 Scheduls P-Part AN-Restor an-Prototic Libellity-Courrence 79 Scheduls P-Part AN-Restor and Prototic Libellity-Courrence 79 Scheduls P-Part AN-Part A				
Schedule De-Verfication S114 Schedule P-Part 1 - Cheer (notural) Credit, Accident and Health) Schedule D-Part 2 E25 Schedule P-Part 4-Mertermational Assumed Departy 70 Schedule P-Part 4-Ceath E27 Schedule P-Part 4-Remainance - Nonproportional Assumed Departy 71 Schedule P-Part 4-Remainance - Nonproportional Assumed Departy 72 Schedule P-Part 4-Remainance - Nonproportional Assumed Libitility 73 Schedule P-Part 4-Remainance - Nonproportional Assumed Libitility 74 Schedule P-Part 4-Remainance - Nonproportional Assumed Libitility 75 Schedule P-Part 4-Remainance - Nonproportional Assumed Libitility 76 Schedule P-Part 4-Remainance - Nonproportional Assumed Libitility 77 Schedule P-Part 4-Remainance - Nonproportional Assumed Libitility 78 Schedule P-Part 4-Remainance - Nonproportional Assumed Libitility 79 Schedule P-Part 5-Remainance - Nonproportional Assumed Libitility 70 Schedule P-Part 5-Remainance - Nonproportional Assumed Libitility 79 Schedule P-Part 1-Remainance -				
Schedule Di-Part 2 E26 Schedule P-Part Alt-International Schedule P-Part Alt-Renamenan - Nonproportional Assumed Property 77 Schedule P-Part Alt-Renamenan - Nonproportional Assumed Property 78 Schedule P-Part Alt-Renamenan - Nonproportional Assumed Property 78 Schedule P-Part Alt-Renamenan - Nonproportional Assumed International Unes 78 Schedule P-Part Alt-Renamenan - Nonproportional Assumed International Unes 78 Schedule P-Part Alt-Renamenan - Nonproportional Assumed International Unes 78 Schedule P-Part Alt-Renamenan - Nonproportional Assumed International Unes 78 Schedule P-Part Alt-Research - Productional Liberal Processor 78 Schedule P-Part Alt-Research - Production Liberal Processor 78 Schedule P-Part Alt-Research - Production Liberal Processor 78 Schedule P-Part Alt-Research - Part Alt-Research - Production Liberal Processor 78 Schedule P-Part Alt-Research - Part Alt-Researc				
Schedule P-Part 1-Cash E27 Schedule P-Part 4-Ches Insurance - Norproportional Assumed Property 77 Schedule P-Part 1-Cash Equivalents 27 Schedule P-Part 4-Cash Equivalents 78 Schedule P-Part 4-Septial Disposits 78 Schedule P-Part 4-Septial Disposits 79 Schedule P-Part 4-Development P-Part 4-Septial Disposits 79 Schedule P-Part 4-Development P-Part 4-Septial Disposits 79 Schedule P-Part 4-Development P-Part				69
Schedule F-Part C-Sahe Foundation Ezg Schedule P-Part 4 P-Reinsurance - Nonproportional Assumed Lability 70 Schedule E-Verification Between Years S15 Schedule P-Part 4 P-Reinsurance - Nonproportional Assumed International Lines 77 Schedule E-Verification Between Years S15 Schedule P-Part 4 R-Reinsurance - Nonproportional Assumed Frammark 71 Schedule P-Part 4 R-Section 1-Products Lability-Cocurence 71 Schedule P-Part 4 R-Section 1-Products Lability-Cocurence 72 Schedule P-Part 4 R-Section 1-Products Lability-Cocurence 73 Schedule P-Part 5 R-Part 1 R-Section 1-Products Lability-Cocurence 73 Schedule P-Part 5 R-Part 1 R-Section 1-Products Lability-Cocurence 74 Schedule P-Part 5 R-Part 1 R-Verification 74 Schedule P-Part 5 R-Part 5 R-Part 1 R-Verification 74 Schedule P-Part 5 R-Part 5 R-Verification 74 Schedule P-Part 5 R-Verification 75 Schedule P-Part 5 R-Verificatio				70
Schedule P-Part R-Section (P-Part R-Section (P-P	Schedule E-Part 1-Cash	E27	Schedule P-Part 40-Reinsurance - Nonproportional Assumed Liability	70
Schedule F-Part 3-Special Deposits				70
Schedule F-Part 2 Schedule F-Part 3 Schedule F-Part 3 Schedule F-Part 4 21 Schedule F-Part 3 Schedule F-Part 4 22 Schedule F-Part 4 27 Schedule F-Part 5 Schedule F-Part 6 Schedule F-Part 7 Schedule F-Part 6 Schedule F-Part 7 S				71
Schedule F-Part 3 22 Schedule P-Part 4-Warranty 77 Schedule F-Part 5 27				
Schedule P-Part 3 Schedule P-Part 5 Schedule P-Part 55 Schedule P-Part 56 Schedule P-Part 57 Schedule P-Part 57 Schedule P-Part 57 Schedule				
Schedule F-Part 5 Schedule F-Part 5 Schedule P-Part 5 S-Private Passenger Auto Liability/Medical Schedule F-Part 5 Schedule P-Part 5 S-Commercial AutoTruck Liability/Medical Schedule F-Part 5 S-Commercial Multiple Part Schedule F-Part 5 S-Mediale P-Part 5 S-Mediale P-Par				
Schedule P-Part 5 Schedule P-Bart 5 Schedule P-Ba				73
Schedule H-Accident and Health Exhibit-Part 1				74
Schedule H-Part 2, Part 3 and Part 4 31 Schedule P-Part 15-Medical Professional Liability-Courrence 77	Schedule F–Part 6	29	Schedule P–Part 5D–Workers' Compensation (Excluding Excess Workers Compensation)	75
Schedule P-Part S-Hadrian Professional Liability-Occurrence 77				76
Schedule P-Part 1-Summary 33 Schedule P-Part 5H-Other Liability-Caims-Made 88	·			78
Schedule P-Part IA-Homeowners/Farmowners 35 Schedule P-Part SH-Other Liability-Occurrence 75				77
Schedule P-Part 1B-Private Passenger Auto Liability/Medical 36 Schedule P-Part 5R-Products Liability-Claims-Made 82 Schedule P-Part 1D-Worker's Compensation (Excluding Excess Workers Compensation) 38 Schedule P-Part 5R-Products Liability-Occurrence 811 Schedule P-Part 1D-Worker's Compensation (Excluding Excess Workers Compensation) 38 Schedule P-Part 5D-Worker's Compensation (Excluding Excess Workers Compensation) 38 Schedule P-Part 5D-Worker's Compensation (Excluding Excess Workers Compensation) 39 Schedule P-Part 1D-Schedule P-Part 1D-Worker's Compensation (Excluding Excess Workers Compensation) 39 Schedule P-Part 1D-Schedule P-Part 1			•	
Schedule P-Part IC-Commercial AutofTruck Liability-Medical 37 Schedule P-Part 5R-Products Liability-Occurrence 81 Schedule P-Part 1F-Commercial Multiple Pert 39 Schedule P-Part 6P-Commercial Multiple Pert 30 Schedule P-Part 1M-Reinsurance - Nonproportional Assumed Liability 30 Schedule P-Part 1M-Reinsurance - Nonproportional Assumed Liability 30 Schedule P-Part 1M-Reinsurance - Nonproportional Assumed Liability 30 Schedule P-Part 1				
Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation) 38 Schedule P-Part 1F-Commercial Multiple Peril 39 Schedule P-Part 1F-Section 1-Medical Professional Liability-Courrence 40 Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation) 84 Schedule P-Part 1F-Section 1-Medical Professional Liability-Claims-Made 41 Schedule P-Part 1F-Section 1-Medical Professional Liability-Claims-Made 41 Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery) 42 Schedule P-Part 6B-Other Liability-Claims-Made 43 Schedule P-Part 1H-Section 1-Other Liability-Courrence 43 Schedule P-Part 6H-Other Liability-Claims-Made 44 Schedule P-Part 6H-Other Liability-Claims-Made 45 Schedule P-Part 1H-Section 2-Other Liability-Claims-Made 46 Schedule P-Part 6H-Other Liability-Claims-Made 47 Schedule P-Part 1H-Section 2-Other Liability-Claims-Made 48 Schedule P-Part 6H-Other Liability-Claims-Made 49 Schedule P-Part 1H-Section 2-Other Liability-Claims-Made 40 Schedule P-Part 1H-Section 2-Other Liability-Claims-Made 41 Schedule P-Part 1H-Section 2-Other Liability-Claims-Made 42 Schedule P-Part 1H-Section 2-Other Liability-Claims-Made 43 Schedule P-Part 1H-Section 2-Other Liability-Claims-Made 44 Schedule P-Part 1H-Section 2-Other (Including Credit, Accident and Health) 48 Schedule P-Part 1B-Part (Including Credit, Accident and Health) 48 Schedule P-Part 1B-Part (Including Credit, Accident and Health) 49 Schedule P-Part 1B-Reinsurance - Nonproportional Assumed Property 50 Schedule P-Part 1B-Reinsurance - Nonproportional Assumed Property 50 Schedule P-Part 1B-Reinsurance - Nonproportional Assumed Financial Lines 52 Schedule P-Part 1B-Reinsurance - Nonproportional Assumed Financial Lines 52 Schedule P-Part 1B-Reinsurance - Nonproportional Assumed Financial Lines 53 Schedule P-Part 1B-Reinsurance - Nonproportional Assumed Financial Lines 54 Schedule	ŷ ,		•	81
Schedule P-Part IF-Commercial Multiple Peril 39 Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical 84 Schedule P-Part 1F-Section 1-Medical Professional Liability-Occurrence 40 Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation) 84 Schedule P-Part 1F-Section 2-Medical Professional Liability-Occurrence 41 Schedule P-Part 1G-Special Liability (Occurrence 42 Schedule P-Part 1G-Special Liability (Occurrence 43 Schedule P-Part 6H-Other Liability-Occurrence 43 Schedule P-Part 6H-Other Liability-Occurrence 43 Schedule P-Part 6H-Other Liability-Occurrence 44 Schedule P-Part 6H-Other Liability-Occurrence 45 Schedule P-Part 6H-Other Liability-Occurrence 46 Schedule P-Part 1H-Section 2-Other Liability-Occurrence 47 Schedule P-Part 1H-Specino 2-Other Liability-Occurrence 48 Schedule P-Part 1H-Specino 2-Other Liability-Occurrence 49 Schedule P-Part 1H-Specino 2-Other 2-	Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation)	38		83
Schedule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made 41 Schedule P-Part 6E-Commercial Multiple Peril 85 Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery) 42 Schedule P-Part 6H-Other Liability-Claims-Made 86 Schedule P-Part 1H-Section 1-Other Liability-Occurrence 43 Schedule P-Part 6H-Other Liability-Occurrence 43 Schedule P-Part 1H-Section 2-Other Liability-Claims-Made 44 Schedule P-Part 6H-Other Liability-Occurrence 86 Schedule P-Part 1, Allier Lines, Inland Marine, Earthquake, Burglary & Theft) 45 Schedule P-Part 6M-International 86 Schedule P-Part 1, Allier Lines, Inland Marine, Earthquake, Burglary & Theft) 45 Schedule P-Part 6M-Reinsurance - Nonproportional Assumed Property 87 Schedule P-Part 1, Allier Lines, Inland Marine, Earthquake, Burglary & Theft) 45 Schedule P-Part 6M-Reinsurance - Nonproportional Assumed Property 87 Schedule P-Part 1, Allier Lines, Inland Marine, Earthquake, Burglary & Theft) 45 Schedule P-Part 6M-Reinsurance - Nonproportional Assumed Property 87 Schedule P-Part 1, Allier Liability-Claims-Made 88 Schedule P-Part 1, Allier Liability-Claims-Made 88 Schedule P-Part 1, Allier Liability-Claims-Made 88 Schedule P-Part 1, Allier Liability-Claims-Made 89 Schedule P-Part 2, Part 3 and Part 4 - Summary 89 Schedule P-Part 2, Part 3 and Part 4 - Summar	Schedule P–Part 1E–Commercial Multiple Peril	_	Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical	84
Schedule P-Part II-Section 1-Other Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery) 42 Schedule P-Part 6H-Other Liability—Claims-Made 86 Schedule P-Part II-Section 1-Other Liability—Claims-Made 43 Schedule P-Part 6H-Other Liability—Claims-Made 45 Schedule P-Part II-Section 2-Other Liability—Claims-Made 45 Schedule P-Part 6H-Other Liability—Claims-Made 46 Schedule P-Part II-Section 2-Part II-Section 1-Part II-Section 2-Part II-Section 2-Part II-Section 2-Part II-Section 3-Part II-Sect				84
Schedule P-Part 1H-Section 1-Other Liability-Occurrence 43 Schedule P-Part 6M-International 55 Schedule P-Part 1H-Section 2-Other Liability-Claims-Made 44 Schedule P-Part 6M-International 56 Schedule P-Part 11-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) 56 Schedule P-Part 6M-Reinsurance – Nonproportional Assumed Property 57 Schedule P-Part 13-Auto Physical Damage 48 Schedule P-Part 6R-Products Liability-Claims-Made 58 Schedule P-Part 14-Fidelity/Surety 47 Schedule P-Part 6R-Products Liability-Claims-Made 58 Schedule P-Part 11-Other (Including Credit, Accident and Health) 48 Schedule P-Part 6R-Products Liability-Claims-Made 58 Schedule P-Part 11-N-Reinsurance – Nonproportional Assumed Property 50 Schedule P-Part 78-Private Sensitive Contracts 50 Schedule P-Part 78-Reinsurance – Nonproportional Assumed Property 51 Schedule P-Part 78-Reinsurance – Nonproportional Assumed Financial Lines 52 Schedule P-Part 18-Reinsurance – Nonproportional Assumed Financial Lines 53 Schedule P-Part 18-Reinsurance – Nonproportional Assumed Financial Lines 54 Schedule P-Part 18-Reinsurance – Nonproportional Assumed Financial Lines 55 Schedule P-Part 18-Section 1-Products Liability-Occurrence 56 Schedule P-Part 18-Section 1-Products Liability-Claims-Made 57 Schedule P-Part 18-Section 2-Products Liability-Claims-Made 58 Schedule P-Part 18-Section 1-Products Liability-Claims-Made 59 Schedule P-Part 18-Section 1-Products Liability-Claims-Made 50 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 50 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 51 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 52 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 53 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 54 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 55 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 56 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 57 Summary Investment Schedule 58 Summary Investment Schedule 59 Sc	, ,			85
Schedule P-Part 1H-Section 2-Other Liability-Claims-Made Schedule P-Part 1H-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) Schedule P-Part 1J-Auto Physical Damage 46 Schedule P-Part 1D-Auto Physical Damage 46 Schedule P-Part 1GN-Reinsurance – Nonproportional Assumed Property 87 Schedule P-Part 1K-Fidelity/Surety 47 Schedule P-Part 6R-Products Liability-Claims-Made 88 Schedule P-Part 1L-Other (Including Credit, Accident and Health) 48 Schedule P-Part 6R-Products Liability-Claims-Made 88 Schedule P-Part 1R-Reinsurance – Nonproportional Assumed Property 89 Schedule P-Part 1N-Reinsurance – Nonproportional Assumed Property 80 Schedule P-Part 1N-Reinsurance – Nonproportional Assumed Liability 80 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Liability 81 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 80 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 81 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 82 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 83 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 84 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 85 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 86 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 87 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 88 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 89 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 80 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 80 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 81 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Multiprocurate 82 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Multiprocurate 83 Schedule P-Part 2P-Reinsurance – Nonproportional Assumed Financial Multiprocurate 84 Sch				_
Schedule P-Part 11-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) Schedule P-Part 13-Auto Physical Damage 46 Schedule P-Part 60-Reinsurance - Nonproportional Assumed Liability 87 Schedule P-Part 14-Fidelity/Surety 47 Schedule P-Part 16-Products Liability-Calaims-Made 88 Schedule P-Part 16-Products Liability-Occurrence 88 Schedule P-Part 11-International 48 Schedule P-Part 18-Products Liability-Occurrence 89 Schedule P-Part 18-Reinsurance - Nonproportional Assumed Property 50 Schedule P-Part 78-Primary Loss Sensitive Contracts 89 Schedule P-Part 10-Reinsurance - Nonproportional Assumed Property 50 Schedule P-Part 78-Reinsurance Loss Sensitive Contracts 89 Schedule P-Part 10-Reinsurance - Nonproportional Assumed Liability 51 Schedule P-Part 17-Reinsurance - Nonproportional Assumed Financial Lines 52 Schedule P-Part 18-Section 1-Products Liability-Occurrence 53 Schedule P-Part 18-Section 1-Products Liability-Occurrence 53 Schedule P-Part 18-Section 1-Products Liability-Claims-Made 54 Schedule P-Part 18-Section 2-Products Liability-Claims-Made 55 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 56 Schedule P-Part 18-Financial Guaranty/Mortgage Guaranty 57 Schedule P-Part 18-Section Part 18-Reinsurancy 58 Schedule P-Part 18-Pinancial Guaranty/Mortgage Guaranty 58 Schedule P-Part 18-Pinancial Financial Financia				
Schedule P-Part 1J-Auto Physical Damage 46 Schedule P-Part 6O-Reinsurance - Nonproportional Assumed Liability 87 Schedule P-Part 1K-Fidelity/Surety 47 Schedule P-Part 6R-Products Liability-Claims-Made 88 Schedule P-Part 1L-Other (Including Credit, Accident and Health) 48 Schedule P-Part 1M-International 49 Schedule P-Part 1M-International 49 Schedule P-Part 7R-Primary Loss Sensitive Contracts 88 Schedule P-Part 1N-Reinsurance - Nonproportional Assumed Property 50 Schedule P-Part 7R-Reinsurance Loss Sensitive Contracts 91 Schedule P-Part 1D-Reinsurance - Nonproportional Assumed Liability 51 Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts 93 Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Liability 51 Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines 52 Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines 53 Schedule P-Part 1R-Section 1-Products Liability-Occurrence 53 Schedule P-Part 1R-Section 2-Products Liability-Occurrence 53 Schedule P-Part 1R-Section 2-Products Liability-Claims-Made 54 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 55 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 56 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 57 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 58 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 59 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 50 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 57 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 58 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 59 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 50 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 51 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 52 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 53 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 54 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 55 Schedule P-Part 1S-Pinancial Guaranty/Mortgage Guaranty 56 Schedule P-Part 1S-Pinancial Guaranty				87
Schedule P-Part 1K-Fidelity/Surety 47 Schedule P-Part 6R-Products Liability-Claims-Made Schedule P-Part 1L-Other (Including Credit, Accident and Health) 48 Schedule P-Part 6R-Products Liability-Occurrence 88 Schedule P-Part 1M-International 49 Schedule P-Part 7A-Primary Loss Sensitive Contracts 89 Schedule P-Part 1N-Reinsurance - Nonproportional Assumed Property 50 Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts 51 Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Liability 51 Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines 52 Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines 53 Schedule P-Part 1R-Section 1-Products Liability-Occurrence 53 Schedule P-Part 1R-Section 1-Products Liability-Occurrence 53 Schedule P-Part 1R-Section 2-Products Liability-Occurrence 54 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 55 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 56 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 57 Schedule P-Part 1P-Warranty 58 Schedule P-Part 1P-Warranty 59 Schedule P-Part 1P-Warranty 50 Schedule P-Part 1P-Warranty 51 Schedule P-Part 1P-Warranty 52 Schedule P-Part 1P-Warranty 53 Schedule P-Part 1P-Warranty 54 Statement of Income 55 Summary Investment Schedule 56 Schedule P-Part 2P-Warranty-Warrant				87
Schedule P-Part 1M-International 49 Schedule P-Part 7A-Primary Loss Sensitive Contracts 50 Schedule P-Part 1D-Reinsurance – Nonproportional Assumed Property 50 Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts 91 Schedule P-Part 1D-Reinsurance – Nonproportional Assumed Liability 51 Schedule P Interrogatories 52 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 53 Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines 54 Schedule P-Part 1R-Section 1-Products Liability-Occurrence 55 Schedule P-Part 2-Interstate Compact 56 Schedule P-Part 1R-Section 2-Products Liability-Claims-Made 57 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 58 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 59 Schedule P-Part 1D-Warranty 50 Schedule P-Part 1S-Summary of Insurer's Transactions With Any Affiliates 50 Schedule P-Part 2-Internation Swith Any Affiliates 50 Schedule P-Part 2D-Worker's Transactions With Any Affiliates 50 Schedule P-Part 2D-Worker's Transactions With Any Affiliates 50 Schedule P-Part 2D-Worker's Compensation (Excluding Excess Workers Compensation) 50 Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) 50 Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) 50 Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 50 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 51 Underwriting and Investment Exhibit Part 2A 52 Schedule P-Part 2D-Workers (Exhibit Part 2A) 53 Schedule P-Part 2D-Workers (Exhibit Part 2A) 54 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 55 Underwriting and Investment Exhibit Part 2A	Schedule P–Part 1K–Fidelity/Surety		Schedule P-Part 6R-Products Liability-Claims-Made	88
Schedule P-Part 1N-Reinsurance - Nonproportional Assumed Property Schedule P-Part 10-Reinsurance - Nonproportional Assumed Liability Schedule P-Part 11-Reinsurance - Nonproportional Assumed Liability Schedule P-Part 11-Reinsurance - Nonproportional Assumed Financial Lines Schedule P-Part 12-Interstate Compact Schedule P-Part 12-Interstate Compact Schedule P-Part 13-Financial Guaranty/Mortgage Guaranty Schedule P-Part 15-Financial Guaranty/Mortgage Guaranty Schedule P-Part 13-Financial Guaranty/Mortgage Guaranty Schedule P-Part 2-Summary of Insurer's Transactions With Any Affiliates 98 Schedule P-Part 2, Part 3 and Part 4 - Summary 34 Statement of Income 4 Schedule P-Part 28-Private Passenger Auto Liability/Medical Schedule P-Part 28-Private Passenger Auto Liability/Medical Schedule P-Part 28-Private Passenger Auto Liability/Medical Schedule P-Part 29-Workers' Compensation (Excluding Excess Workers Compensation) Schedule P-Part 29-Workers' Compensation (Excluding Excess Workers Compensation) Tunderwriting and Investment Exhibit Part 1A Schedule P-Part 28-Commercial Multiple Peril Schedule P-Part 27-Section 1-Medical Professional Liability-Occurrence Schedule P-Part 27-Section 2-Medical Professional Liability-Claims-Made Schedule P-Part 28-Section 2-Medical Professional Liability-Claims-Made Schedule P-Part 28-Section 2-Medical Professional Liability-Claims-Made Schedule P-Part 28-Section 2-Medical Professional Liability-Claims-Made				88
Schedule P-Part 10-Reinsurance - Nonproportional Assumed Liability 51 Schedule P Interrogatories 93 Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines 52 Schedule T-Exhibit of Premiums Written 94 Schedule P-Part 1R-Section 1-Products Liability-Occurrence 53 Schedule T-Part 2-Interstate Compact 95 Schedule P-Part 1R-Section 2-Products Liability-Claims-Made 54 Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group 96 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 55 Schedule Y-Detail of Insurance Holding Company System 97 Schedule P-Part 1T-Warranty 56 Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates 98 Schedule P-Part 2, Part 3 and Part 4 - Summary 34 Statement of Income 4 Schedule P-Part 2A-Homeowners/Farmowners 57 Summary Investment Schedule Schedule Schedule P-Part 2B-Private Passenger Auto Liability/Medical 57 Supplemental Exhibits and Schedules Interrogatories 99 Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical 57 Underwriting and Investment Exhibit Part 1 6 Schedule P-Part 2E-Commercial Multiple Peril 57 Underwriting and Investment Exhibit Part 1 B Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 Schedule P-Part 2F-Section 2-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2				89
Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines Schedule P-Part 1R-Section 1-Products Liability-Occurrence 53 Schedule T-Part 2-Interstate Compact 95 Schedule P-Part 1R-Section 2-Products Liability-Claims-Made 54 Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group 96 Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty 55 Schedule Y-Detail of Insurance Holding Company System 97 Schedule P-Part 1T-Warranty 56 Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates 98 Schedule P-Part 2A-Homeowners/Farmowners 57 Summary Investment Schedule 98 Schedule P-Part 2B-Private Passenger Auto Liability/Medical 58 Schedule P-Part 2B-Private Passenger Auto Liability/Medical 57 Supplemental Exhibits and Schedules Interrogatories 99 Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical 58 Schedule P-Part 2B-Commercial Multiple Peril 59 Underwriting and Investment Exhibit Part 1B 50 Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2A 10 Schedule P-Part 2F-Section 2-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2A 10 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 59 Schedule P-Part 2F-Section 1-Medical Professional Liability-Claims-Made 59 Schedule P-Part 2F-Section 1-Medical Professional Liability-Claims-Made 50 Underwriting and Investment Exhibit Part 2A				
Schedule P-Part 1R-Section 1-Products Liability-Occurrence Schedule P-Part 1R-Section 2-Products Liability-Claims-Made Schedule P-Part 1R-Section 2-Products Liability-Claims-Made Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty Schedule P-Part 1T-Warranty Schedule P-Part 2-Summary of Insurer's Transactions With Any Affiliates Schedule P-Part 2, Part 3 and Part 4 - Summary Schedule P-Part 2A-Homeowners/Farmowners Schedule P-Part 2B-Private Passenger Auto Liability/Medical Schedule P-Part 2B-Private Passenger Auto Liability/Medical Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) Schedule P-Part 2E-Commercial Multiple Peril Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made Schedule P-Part 2F-Section 1-Medical Professional Liability-Claims-Made				_
Schedule P-Part 1R-Section 2-Products Liability-Claims-Made Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty Schedule P-Part 1T-Warranty Schedule P-Part 2-Summary of Insurer's Transactions With Any Affiliates 98 Schedule P-Part 2, Part 3 and Part 4 - Summary Schedule P-Part 2A-Homeowners/Farmowners Schedule P-Part 2B-Private Passenger Auto Liability/Medical Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical Schedule P-Part 2E-Commercial Multiple Peril Schedule P-Part 2E-Commercial Multiple Peril Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence Schedule P-Part 2F-Section 2-Medical Porfessional Liability-Claims-Made Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made Schedule P-Part 2F-Section 1 Investment Exhibit Part 2A 100 100 100 100 100 100 100 100 100 1				
Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty Schedule P-Part 1T-Warranty Schedule P-Part 2-Summary of Insurer's Transactions With Any Affiliates 98 Schedule P-Part 2, Part 3 and Part 4 - Summary 34 Statement of Income 4 Schedule P-Part 2B-Private Passenger Auto Liability/Medical Schedule P-Part 2B-Private Passenger Auto Liability/Medical 57 Summary Investment Schedule Interrogatories 99 Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical 57 Underwriting and Investment Exhibit Part 1 Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) 58 Underwriting and Investment Exhibit Part 1B Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 99 Schedule P-Part 2F-Section 2-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 99 Schedule P-Part 2F-Section 2-Medical Professional Liability-Oclaims-Made 97 Schedule P-Part 2F-Section 2-Medical Professional Liability-Oclaims-Made 98 Schedule P-Part 2F-Section 1-Medical Professional Liability-Claims-Made				96
Schedule P-Part 1T-Warranty 56 Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates 98 Schedule P-Part 2, Part 3 and Part 4 - Summary 34 Statement of Income 4 Schedule P-Part 2A-Homeowners/Farmowners 57 Summary Investment Schedule Silon Schedule P-Part 2B-Private Passenger Auto Liability/Medical 57 Supplemental Exhibits and Schedules Interrogatories 99 Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical 57 Underwriting and Investment Exhibit Part 1 58 Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) 57 Underwriting and Investment Exhibit Part 1A 58 Schedule P-Part 2E-Commercial Multiple Peril 57 Underwriting and Investment Exhibit Part 1B 88 Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 99 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 58 Underwriting and Investment Exhibit Part 2 90 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made				97
Schedule P-Part 2A-Homeowners/Farmowners 57 Summary Investment Schedule Signature Schedule P-Part 2B-Private Passenger Auto Liability/Medical 57 Supplemental Exhibits and Schedules Interrogatories 98 Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical 57 Underwriting and Investment Exhibit Part 1 58 Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) 58 Underwriting and Investment Exhibit Part 1A 59 Schedule P-Part 2E-Commercial Multiple Peril 59 Underwriting and Investment Exhibit Part 1B Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 58 Underwriting and Investment Exhibit Part 2A 10 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made	, , , ,			98
Schedule P-Part 2B-Private Passenger Auto Liability/Medical 57 Supplemental Exhibits and Schedules Interrogatories 99 Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical 57 Underwriting and Investment Exhibit Part 1 6 Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) 57 Underwriting and Investment Exhibit Part 1A 7 Schedule P-Part 2E-Commercial Multiple Peril 57 Underwriting and Investment Exhibit Part 1B 8 Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 9 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 58 Underwriting and Investment Exhibit Part 2A 10				4
Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical 57 Underwriting and Investment Exhibit Part 1 66 Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) 57 Underwriting and Investment Exhibit Part 1A 7 Schedule P-Part 2E-Commercial Multiple Peril 57 Underwriting and Investment Exhibit Part 1B 8 Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 9 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 58 Underwriting and Investment Exhibit Part 2A 10			· · · · · · · · · · · · · · · · · · ·	SI01
Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation) 57 Underwriting and Investment Exhibit Part 1A 7 Schedule P-Part 2E-Commercial Multiple Peril 57 Underwriting and Investment Exhibit Part 1B 8 Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 9 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 58 Underwriting and Investment Exhibit Part 2 9 Underwriting and Investment Exhibit Part 2A 10	· ,			99
Schedule P-Part 2E-Commercial Multiple Peril 57 Underwriting and Investment Exhibit Part 1B 8 Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 9 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 58 Underwriting and Investment Exhibit Part 2A 10	<i></i>			6
Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence 58 Underwriting and Investment Exhibit Part 2 Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 58 Underwriting and Investment Exhibit Part 2A 10		_		
Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made 58 Underwriting and Investment Exhibit Part 2A 10				9
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	<u> </u>		· ·	11